

**ALTRUSA INTERNATIONAL INC., OF ALBUQUERQUE, NEW MEXICO
LENA CLAUVE VOCATIONAL SCHOLARSHIP AWARD**

Application Requirement

In addition to filling out and submitting a scholarship application, all applicants must:

1. Be admitted to an accredited nursing program, either practical nursing, associate degree in nursing, or baccalaureate in nursing.
2. Submit proof of academic ability.
 - a) Maintain at least a B average (at least 3.0 on a 4.0 scale.)
 - b) Submit one copy of current official grade transcript with the application.
3. Present evidence of leadership and character.
 - a) Include two (2) letters of recommendation from a guidance counselor, advisor and /or teacher with application
 - b) Submit a personal statement in brief essay form. The essay must address your educational and career goals, personal accomplishments, obstacles, and how you would benefit from this scholarship.
4. This is a continuation award, which may be renewable for a period of two to four years, depending upon the degree being pursued, provided the student remains in good standing as evidenced by continued enrollment in appropriate course work, GPA of 3.0 or above, letters of reference from instructors and a personal statement about continuing financial need.

General Administrative Guidelines

1. Please submit completed application package to:
Altrusa Scholarship Committee
5624 Don Felipe Ct. SW
Albuquerque, NM 87105
Or e-mail to bciesielski@salud.unm.edu
2. Scholarship monies will be paid directly to the individual via a check, which will be presented in person at a regular scheduled Altrusa meeting. Each recipient will be asked for a written acknowledgement of receipt of the award and permission to use a photo and statement for publicity purposes.
3. Applicants are responsible for meeting all requirements and for submitting all materials by the deadline. Incomplete application package and materials received after the deadline will not be considered.

**LENA CLAUVE VOCATIONAL SCHOLARSHIP AWARD
ALTRUSA INTERNATIONAL, INC., OF ALBUQUERQUE, NM
Scholarship Application**

Please print or type.

Date of Application _____

Full Name _____
(First) (Middle) (Last)

Present Address _____

(City) _____ (State) _____ (ZIP) _____

Permanent Address _____ (State) _____ (ZIP) _____

Telephone Numbers (Home) _____ (Work) _____

Married _____ Single _____

If married, Spouse's name _____

Is Spouse currently employed? Yes _____ No _____

If yes, where, and title or position _____

Information about the program you are attending:

Check the Nursing Program in which you are currently enrolled: Practical Nursing ADN
 BSN.

Nursing School/College _____

Address _____

Telephone Number _____

Name of Director/Dean/Chairperson _____

Currently enrolled in what term/level of this program?

Community/School Activities:

Please list and describe any community and/or school activities in which you participate.

Financial Information:

1. Are you currently employed? Yes _____ No _____
2. If yes, where do you work? _____
 a. How many hours per week do you work? _____
3. Are you financially dependent on your parents? Yes _____ No _____
4. Describe your daily commute to school (miles, difficulty, etc.). _____
5. Do you currently have, or do you plan to apply for, one or more of the following types of financial assistance to defray the cost of your education?

Source of Assistance

Currently Have

Applied For

Pell (Federal grant)	\$ _____	\$ _____
GSL (Guaranteed Student Loan)	\$ _____	\$ _____
DVR (Division of Vocational Rehab)	\$ _____	\$ _____
EDD (Employment Development Office)	\$ _____	\$ _____
BIA (Bureau of Indian Affairs)	\$ _____	\$ _____
SEOG (Supplemental Educational Opportunity Grant)	\$ _____	\$ _____
SIG (Student Incentive Grant)	\$ _____	\$ _____
NSL (Nursing Student Loan)	\$ _____	\$ _____
Work-study	\$ _____	\$ _____
Service Organizations (Women's/Men's Clubs, Kiwanis, etc.)	\$ _____	\$ _____
HIS (Indian Health Service)	\$ _____	\$ _____
Tribal	\$ _____	\$ _____
	Other (Please List)	
	\$ _____	

Dependents:

Please list age and relationship of children and/or adult dependents living at home:

Age

Relationship

I certify that all information provided is true and accurate. I give my school permission to release my financial aid and academic information to Altrusa International Inc., of Albuquerque. If I receive a scholarship, I must maintain eligibility requirements during all terms awarded or my award(s) may be cancelled.

Signature of applicant

Date