**LOIS SELLERS SCHOLARSHIP**



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North Hospital Drive ● Abbeville, LA 70510 ●

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1. **Student Eligibility**

In order for a student to be eligible for applying for the scholarship, he/she must be:

* U.S. citizen
* Vermilion Parish resident
* A Junior or Senior in the study of Nursing at an accredited school of Nursing located in the United States to become a Registered Nurse.
* Maintains a 3.0 GPA or higher
* Supports the mission of Abbeville General by intending to remain in the community to provide Nursing care close to home
* Exemplifies leadership qualities

1. **Amount of Scholarship**

The Nursing scholarship, in the value of **$500 per semester**, shall be payable for courses related to pursing licensure as a registered nurse, and for the purpose of defraying the costs of tuition and other related expenses and costs of attending school.

1. **Scholarship Selection**

Eligible applicants will be determined by a committee consisting of the Chief Nursing Officer, Director of Human Resources, 3 Nursing Managers, and a representative of the Sellers family. At maximum, two (2) scholarship recipients will be awarded per year.

1. **Required documents**

The following documents must be submitted with the attached application:

* Certification from College Registratr of Student’s GPA and Status
* Two (2) letters of recommendation

1. From a counselor or Professor of the college the student is attending
2. From a Vermilion Parish Community Leader or Employer

* Brief Essay on how your leadership skills and qualities can prove instrumental in providing compassionate Nursing *care close to home.*

**SUBMIT COMPLETED APPLICATION WITH RELEVANT DOCUMENTS TO THE FOLLOWING ADDRESS:**

LOIS SELLERS SCHOLARSHIP CHAIRPERSON

CHIEF NURSING OFFICER

118 NORTH HOSPITAL DRIVE

ABBEVILLE, LA 70510

LOIS SELLERS SCHOLARSHIP APPLICATION

Last Name First Name Middle Initial

Street Address City State/Zip Code

Cell Phone # Alternate Phone #

Email Address

JR SR

Name of School attending GPA Level

Parent/Guardian Name Address Phone #

\*I hereby certify that all information given above is accurate and correct.

Applicant’s Signature Date