

SIGMA THETA TAU – DELTA ETA
UNIVERSITY OF LOUISIANA AT LAFAYETTE

APPLICATION FOR SIGMA THETA TAU INTERNATIONAL – DELTA ETA
STUDENT RECOGNITION AWARD

Please, complete the application by providing the information requested.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER AND E-MAIL: _____

Classification: (Please check one)

Graduating Senior _____ Graduating Master's Student _____

G. P. A.: _____

Memberships in Professional Organizations:

Louisiana Assoc of Nurse Practitioners _____ ULSNA _____

Louisiana State Nurses Association _____ Blue Key _____

Phi Kappa Phi _____

Other (Please List) _____

Contributions to Department of Nursing:

Contributions to the University of Louisiana at Lafayette:

Contributions to the Community:

Please submit a three hundred (300) word essay explaining why you believe that learning, knowledge, and professional development of nurses contribute to making a difference in provision of care on a local, state, national, and global level (include essay with application).

List two references, a contact telephone number, and an email address:

Theory Instructor: _____

Clinical Instructor: _____

I hereby give permission for members of the award committee of Sigma Theta Tau, Delta Eta Chapter, to examine my academic records for my G. P. A., classification, grades, and clinical evaluations.

Signature