



Delta Eta Chapter

LHC Group Myers School of Nursing

APPLICATION FOR 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:



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On the next page, 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:

Clinical Instructor:

Email & Phone Number:

Theory Instructor:

Email & Phone Number:

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



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Essay