



**DAVID RAINES COMMUNITY HEALTH CENTERS  
HEALTHCARE CAREERS SCHOLARSHIP**

**SCHOLARSHIP AGREEMENT**

Fall 2018 – Spring 2019

(5 candidates per academic year @ \$1,000.00 each semester)

**ELIGIBILITY:**

**To qualify, a recipient:**

1. Must be accepted by Southern University at Shreveport (SUSLA) as a full-time student
2. Must have completed a minimum 12 hours attending at SUSLA
3. Must meet all other eligibility requirements of Southern University at Shreveport (SUSLA) to receive financial assistance.
4. Must be a declared Nursing and/or Allied Health Major.
5. Must have a 3.0 Cumulative GPA.
6. Must submit the following information:
  - Official Financial Aid Transcript
  - Official Transcript or Letter from Registrar, (**must include all grades through spring semester**)
  - Three (3) current Letters of Recommendations
  - Anticipated date of graduation

**A COMPLETE APPLICATION CONTAINING ALL REQUIRED INFORMATION MUST BE SUBMITTED NO LATER THAN MAY 15, 2018. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**OTHER PROVISIONS:**

Awardee must maintain a 3.0 Cum GPA during the award period to continue to receive scholarship funds.

Awards would be distributed each semester provided the recipient continues to meet the award criteria.

Scholarship funds are held and disbursed by the SUSLA Financial Aid Office and will not be given to a recipient in the form of a check. The approved amount will be applied towards the recipient's current semester account balance (providing no discrepancies are realized at the time of submission) to the Office of Financial Aid.

Awardee would receive **only** one (1) award during enrollment at SUSLA. Persons NOT selected to receive an award may only reapply once during enrollment at SUSLA.

A scholarship committee will review applications and recommend candidates each academic year to the chancellor.

Awards may be rescinded should any information submitted for consideration be found to be Incorrect or untrue. Any funds disbursed shall be reimbursed and/or credited back to SUSLA.

Scholarship funds provided by David Raines Community Health Centers are not synonymous with university scholarships and like guidelines do not apply.

**All successful applicants must be available to accept their scholarship at David Raines Community Health Centers Annual Scholarship and Health Careers Banquet meeting the 4<sup>th</sup> Thursday in August 23, 2018, at the Shreveport Convention Center, 400 Caddo, Shreveport, LA.**

**Please return your application to:  
Director of Financial Aid  
Southern University at Shreveport  
Leonard C. Barnes Bldg. Room A-43**

I have read and understand the above-stated eligibility requirements and rules. By completing and signing this application, I agree to the conditions set forth by this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Semester: \_\_\_\_\_



**DAVID RAINES COMMUNITY HEALTH CENTERS  
HEALTHCARE CAREERS SCHOLARSHIP**

**APPLICATION**  
**Fall 2018 – Spring 2019**

(Please print or type all information, all areas must be completed)

Applicant's Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (cell) \_\_\_\_\_ Alt Contact \_\_\_\_\_

Major Field of Interest: \_\_\_\_\_

Total # of hours pursuing this Semester: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Please give a brief description of your career goals:

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Please give a brief explanation of why you are applying for this scholarship:

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To certify that the information given on this application is true and correct to the best of your knowledge, please sign below

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only:**

*Scholarship Awarded:* \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

*Award date:* \_\_\_\_\_

**DAVID RAINES COMMUNITY HEALTH CENTERS**  
**Health Careers Scholarship for Allied Health and Nursing**