**School of Allied Health Professions Alumni Association Scholarship**

The mission of the School of Allied Health Professions Alumni Association is to create relationships among alumni and support current students of our school. In accordance with our mission, a scholarship will be rewarded to the Allied Health student(s) who advocates for their profession and the betterment of healthcare in their community.

Name

Address

City, State, Zip

Email Address

**Please check the program within the Allied Health Profession that you are currently enrolled:**

\_\_\_ Audiology \_\_\_ Occupational Therapy \_\_\_ Respiratory Therapy

\_\_\_ Cardiovascular Sonography \_\_\_ Physical Therapy \_\_\_ Rehabilitation Counseling

\_\_\_ Clinical Laboratory Science \_\_\_ Speech-Language Pathology

**Please check to verify that all necessary components are included with this application:**

**\_\_\_** Student is currently enrolled and in good academic standing within the LSUHSC School of Allied Health Professions**.**

\_\_\_ One letter of reference written by a faculty member or clinician (See attached form)

\_\_\_ A 2 page double-spaced essay discussing how do you see yourself, as a professional, contributing to the betterment of healthcare in Louisiana or your community (Times New Roman, 12 pt font) (See attached form).

\_\_\_\_I have answered all of the information on this application truthfully and to the best of my knowledge.

Electronic Signature

***Please submit the application by April 20th, 2012 to*** [***ahnoaa@lsuhsc.edu***](mailto:ahnoaa@lsuhsc.edu)***.***

**Letter of Recommendation**

You are being asked to write a letter of recommendation for a LSU Health, School of Allied Health Professions, student who will graduate in May 2013. The Alumni Association is offering a scholarship for one student in each of our 8 programs. The student is being asked to discuss *how do you see yourself, as a professional, contributing to the betterment of healthcare in Louisiana or your community*.

You can submit the letter by April 20th via email to the Alumni Association at [ahnoaa@lsuhsc.edu](mailto:ahnoaa@lsuhsc.edu) or mail to:

LSU Health

School of Allied Health Professions

Alumni Association

1900 Gravier Street, 6B18

New Orleans, LA 70112

**Student Name:**

**Student Program:**

Signature/Electronic Signature

**Essay (page 1)**

The Alumni Association is offering a scholarship for one student in each of our 8 programs. Please write a 2 page double-spaced essay discussing how do you see yourself, as a professional, contributing to the betterment of healthcare in Louisiana or your community.

**Student Name:**

**Student Program:**

**Essay (page 2)**

**Student Name:**

**Student Program:**