

## **Oliver-Lee Commemorative Scholarship Nursing/Allied Health**

*“Education is the most powerful weapon which you can use to change the world” – Nelson Mandela*

### **PURPOSE**

The Oliver-Lee Commemorative Scholarship Fund was established in 2019. The mission of the scholarship is to provide financial assistance to students pursuing a degree/certificate in the field of Nursing/Allied Health. Dr. Adrena Lee has donated to the Central Louisiana Technical Community College-Ward H. Nash Avoyelles Campus (CLTCC Avoyelles), and the provisions of this scholarship are consistent with the policies of CLTCC-Avoyelles as outlined in the admission requirements.

### **FINANCIAL ASSISTANCE**

Based on financial need, academic performance, leadership potential, and those who have demonstrated an appreciation for the value of education and its fundamental impact.

### **SCHOLARSHIP AWARD**

The Oliver-Lee Commemorative Scholarship recipient will be selected by the Scholarship Committee. The Scholarship committee will consist of Dr. Adrena Lee, Regina Oliver Lee, and the following CLTCC-Avoyelles representatives: Department Head of Nursing/Allied Health, CLTCC-Avoyelles Campus Dean, and a chosen Instructor (independent of Nursing and Allied Health programs). The scholarship will be awarded based on a comprehensive process and will be awarded in the amount of \$1000 each Fall and Spring semester. The award will be based on the availability of funds. Qualifying criteria for award consideration will include financial need, academic accomplishments, and personal essay. Scholarship funds will be awarded after successfully completing at least the first semester of the PN or PCT program with a 2.0 or higher GPA. The high school senior enrolled in the AH program at CLTCC Avoyelles is also eligible to apply for the scholarship. If selected, the high school scholarship recipient will be awarded after the successful completion of the first semester in a PN/AH program with a 2.0 or higher GPA. If the committee deems more than a single recipient deserving of the scholarship, the award will be split equally between no more than 2 applicants.

### **ELIGIBILITY and CRITERIA**

- The scholarship is open to current PN/AH students and senior high school students who anticipate enrollment into a PN/AH program at CLTCC WHNA in the upcoming Fall semester.
- The scholarship will be awarded to a student(s) enrolled in a PN/AH program at CLTCC WHNA after the successful completion of at least one semester of the program with a GPA of 2.0 or above.
- Applicants must have maintained a grade point average of 2.0 or above.
- Applicants must submit an essay detailing their financial needs, how the scholarship will impact their life, and future career goals.
- Applicants must complete and submit an application by the deadline.
- Preference may be given to a student who is employed for a minimum of 24 hours per week.

## **LOSS OF SCHOLARSHIP**

The scholarship may be withdrawn for any of the following reasons:

- Resignation from CLTCC-Avoyelles
- Changing major to other than Nursing/Allied Health
- Being placed on disciplinary probation
- Failure to maintain a grade point average of 2.0

**DEADLINE** for scholarship application is 11:59 PM CST by the following due dates (dependent upon the semester applying for:

**When applying for the Fall semester scholarship:** Deadline to submit your application is **May 1st. Example:** If applying for the Fall 2024 Oliver-Lee Scholarship, your application must be received by May 1st, 2024.

**When applying for the Spring semester scholarship:** Deadline to submit your application is **December 1st. Example:** If applying for the Spring 2025 Oliver-Lee Scholarship, your application must be received by October 1st, 2024.

## **AMENDMENTS TO THE SCHOLARSHIP**

This scholarship may be amended at any time with the approval of Dr. Adrena Lee or by the scholarship committee if indicated.

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Dr. Adrena Lee, Pharm D

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Date

## Oliver-Lee Commemorative Scholarship Application

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Name:	Date of Birth:
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Address:
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City:	State:	Zip Code:
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Email:	Phone:
Student ID or Last 4 of SSN:	Program Enrolled In:

I affirm that all the above information provided in my application to the Oliver-Lee Scholarship Committee is true, complete, and accurate. I understand that false statements on this application will disqualify me.

Signature of Applicant:

Date:

Please attach essay (at least 250 words) and include:

- Financial need
- Educational and Career goals
- How this scholarship will impact your goals
- How the funds will be expended (books, uniforms, required equipment, household, etc.)
- Any awards or school recognitions received

### APPLICATION PROCESS

- Submit completed application and essay to the Department Head of Nursing and Allied Health by the deadline:  
**May 1<sup>st</sup>** (Fall Semester applicants)  
**October 1<sup>st</sup>** (Spring Semester applicants)
- Questions about the application process should be directed to the Department Head of Nursing/Allied Health at 318-876-2701 or Scholarship Committee Member Regina Lee via email at [reginaolee723@gmail.com](mailto:reginaolee723@gmail.com)
- Applications will be accepted in person by the Department Head of Nursing and Allied Health or via email to Scholarship Committee Member Regina Lee at [reginaolee723@gmail.com](mailto:reginaolee723@gmail.com)