

# Harry and Rebecca Lahr Foundation Graduate Fellowship

## Award Information

### Criteria for Eligibility

- Attend UNLV
  - Full Time MSN: at least 9 credits
  - Full Time PhD: at least 6 credits
- Major: MS or PhD in Nursing
- Financial Need: No need required
- Minimum GPA: 3.5
- Preference to those residing in Nevada

### Special Notes:

- *This package is established to encourage no outside employment obligations.*
- *In order to qualify for this fellowship, the student must be willing to accept a 12- month full time (20 hours per week) Graduate Assistant (GA) position with the School of Nursing. This \$20,000 fellowship is in addition to the monies a GA position receives.*
- *This fellowship may be continuous, with successful progression toward degree completion, for 3-4 years.*

**Applications accepted until August 1<sup>st</sup>** (for possible funding in Fall, Spring, and Summer sessions) Awards will be announced on or before September 10.

### To Apply:

1. Complete the scholarship Application Form and attached Disclosure Document (available in Nursing Office or on-line) and return **to the address as shown below**.
2. Provide a statement of interest (200-300 words) addressing academic goals, anticipated date of graduation, desired career placement after degree completion and a brief biographical sketch including any special considerations related to your application for the scholarship.
1. Three letters of recommendation, professional not personal, **and including at least one UNLV School of Nursing faculty member**. Please advise the recommenders that applications will not be considered if all letters are not available for review.
2. An official transcript.
3. Submit completed **SEALED** Scholarship Packet to:  
**UNLV School of Nursing**  
ATTN: **Lahr Foundation Scholarship Committee**  
Box 453018  
4505 Maryland Parkway  
Las Vegas NV 89154-3018

\*\*Previous award winners will not be required to submit Statement of Interest or Letters of Recommend; however, an updated Application Form and Disclosure Document are required each year.

**Please contact the School of Nursing (702)895-5923 with any questions.**

*Harry & Rebecca Lahr Foundation*  
*Scholarship / Fellowship*  
**University of Nevada, Las Vegas**

## **Application Form**

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**UNLV L#:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Note: Student must request and submit an official transcript.**

**Preferred Email:** \_\_\_\_\_

Please provide the following in support of your scholarship application:

1. Letter of Application: 200-300 words addressing your statement of interest, academic goals, anticipated date of graduation, desired career enhancement with this degree and a brief biographical sketch including any special consideration toward receiving this scholarship.
2. Three (3) letters of recommendation, professional not personal, and including at least one UNLV School of Nursing faculty member.
3. An official transcript.
4. Completed Attached Disclosure Document.

Please submit your completed **SEALED** scholarship packet to the office as listed below:

UNLV School of Nursing  
ATTN: **Lahr Foundation Scholarship Committee**  
Box 453018  
4505 Maryland Parkway  
Las Vegas, NV 89154-3018

**Application Deadline August 1<sup>st</sup>**

**Please contact the School of Nursing (702)895-5923 with any questions.**

# *Harry and Rebecca Lahr Foundation*

## FINANCIAL AID DISCLOSURE

I understand that the U.S. federal government has established need-based guidelines regarding the amount of federal financial assistance that a university student may receive. I acknowledge that if I receive a Fall, Spring, and/or Summer *Harry and Rebecca Lahr Foundation Scholarship or Fellowship*, the amount and/or type of federal assistance that I may already be receiving, or might have otherwise received in the future, could be reduced or otherwise affected.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature  
(if student is under 18 years of age)

\_\_\_\_\_  
Date

## WAIVER OF CONFIDENTIALITY

I understand that one purpose of the Family Education Rights and Privacy Act of 1974 ("FERPA") is to protect the privacy of individual students by placing certain restrictions on the disclosure of information contained in a student's university records. I further understand that in order for the University of Nevada, Las Vegas ("UNLV") or members of its faculty and staff to provide such information to any third party in connection with selection for and/or continued eligibility for the *Harry & Rebecca Lahr Foundation Scholarship or Fellowship*, authorization must be granted by the student applying for or receiving a scholarship or fellowship.

Therefore, I, \_\_\_\_\_, UNLV L# \_\_\_\_\_, give my consent to full disclosure of any personally identifiable information within the possession or control of UNLV, its faculty and staff to the Harry and Rebecca Lahr Foundation, but only in connection with application for, or receipt of, a *Harry and Rebecca Lahr Foundation Scholarship or Fellowship* and with the understanding that any further disclosure by the recipient(s) of such information shall be prohibited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature  
(if student is under 18 years of age)

\_\_\_\_\_  
Date

**Please contact the School of Nursing (702)895-5923 with any questions.**