

Harry and Rebecca Lahr Foundation Scholarship

Award Information

1. Amount will vary by semester. Continuation of the award may occur in subsequent semesters pending continuing eligibility and fund availability.
2. There may be multiple awards based on the profitability of the endowment funds.
3. Pays for student tuition and fees, balance of funds goes directly to the recipient.

Criteria for Eligibility

1. Fully admitted into a nursing program at UNLV - Prelicensure "Basic Student", MSN or Ph.D.
2. Attending classes on a full time basis in the semester(s) the award is granted.
3. Preference to Nevada Residency.
4. Primarily merit based, but financial need may be taken into consideration.

Prelicensure "Basic Student"

- Have successfully completed the first semester of nursing courses or be recommended by a faculty member teaching in the first semester.
- Be enrolled in a minimum of 12 undergraduate credits.
- Have and maintain cumulative undergraduate GPA of 3.00.

Graduate: (GA's eligible)

MSN

Enrolled in a minimum of 9 graduate credit hours.
Have and maintain cumulative GPA of 3.2 in graduate courses.

Ph.D.

Enrolled in a minimum of 6 graduate credit hours.
Have and maintain cumulative GPA of 3.5 in graduate courses.

Applications accepted until **August 1st** (for possible funding in Fall, Spring and Summer semesters) 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.
3. 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.
4. An official transcript.
5. 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 1st

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.