



Neaux La Made Inc

Lagniappe Award

Information Packet and Application for SRNAs

The Lagniappe Award was created to provide financial assistance to economically disadvantaged student registered nurse anesthetists (SRNAs). All applicants will be considered on a case-by-case basis.

Applicant Qualifications:

- Applicant must be enrolled full-time in a Nurse Anesthesia Program that is accredited by the Council on Accreditation and in good standing.
- Applicant must be a 2nd or 3rd year student registered nurse anesthetist.
- Applicant must be from an underserved background and display financial need.

Application Requirements:

Applications **must** include the following supporting documentation:

- Contact information for current Program Administrator/Program Director, which will be used to verify the student's academic good standing.
- Current photo of applicant

Applications should be emailed to Lagniappe@neauxlamade.org with the subject line "SRNA Award."

Application Review Process:

- You will receive an email to confirm receipt of your application (typically within one week of submission).
- Additional information or documentation may be requested if deemed necessary to make an informed decision. Failure to provide any additional information or documentation, will remove the application from consideration.
- Neaux La Made reserves the right to reject incomplete applications, applications that do not fulfill all requirements, and applicants that do not meet the qualifications to apply for the Lagniappe Award.
- Each application will be thoroughly reviewed and considered in order to reach a final decision.
- When a decision has been reached, you will be notified via email.

Lagniappe Award Application

Name: _____

Date of Birth: _____

Current Address: _____

Permanent Address: _____

Email: _____

Phone Number: _____

Marital Status: _____

Number of Other Dependents: _____

Nurse Anesthesia Program:

Program Name: _____

Address: _____

Administrator's Name: _____

Phone Number: _____

Email: _____

Statement of Need (2 pages double spaced or less): In 2 pages or less, please provide the following:

- A statement that explains your need for financial assistance and how a Lagniappe award will be utilized.
- In the future, how will you work to improve the financial disparities faced by SRNAs?

APPLICANT ACKNOWLEDGMENT & CERTIFICATION

I acknowledge that I have read and understand the Lagniappe Award information including scholarship qualifications and application requirements.

I certify that I have provided an accurate representation of my current financial need and that all information provided in this application is accurate to the best of my knowledge.

I understand that intentionally omitting facts or providing false information will immediately void my application and could jeopardize my eligibility for future funding opportunities.

I attest that any funds received will be used for expenses related to my education and the completion of my Nurse Anesthesia Program.

Date:

Signature: