

SCHOLARSHIP APPLICATION CHECKLIST

- Carefully review all application instructions and eligibility requirements.

- All sections must be completed. If a section is not pertinent, please write Not Applicable, Only fully completed application will be considered.

- The deadline for submission is **March 30, 2019**. **All required documents must be submitted in pdf format via email to lfwomensboard@gmail.com by this deadline. We are no longer accepting hard copies of any part of the application.** Incomplete applications will not be considered. There will be no exceptions.

- Required documents:
 1. Completed Application
 2. One (1) page profile (see instructions)
 3. Official Transcripts
 4. Two (2) letters of Reference

- Letters of Reference and Transcripts must be submitted by the March 30 deadline. It is the applicant's responsibility to ensure they are submitted on time.

To check on the status of an application, please contact Ellen at lfwomensboard@gmail.com; 847.981.2481 or Karin at kmohar@nm.org; 847.535.6921.

Spring 2019

To: Scholarship Applicant
From: Cathy Waldeck, Chair, Scholarship Committee
Sue Wagener, Co-chair, Scholarship Committee
The Women's Board of Northwestern Lake Forest Hospital

Thank you for requesting a Women's Board of Northwestern Lake Forest Hospital Scholarship Application. Please complete only one application as our committee will determine for which scholarships you are eligible. For clarification, you may refer to the Eligibility Requirements Document. Your completed application is due no later than **March 30, 2019**; this date will be strictly enforced.

The scholarship committee will meet in May and will notify you of your status in May.

The Women's Board is pleased and proud to offer these scholarship opportunities:

- **The A.B. Dick, Jr. Scholarship**, established in 1952, is named for the first chairman of Lake Forest Hospital Board of Directors. Mr. Dick served on the Board from 1940 to 1951 and his family donated the land on which the main hospital campus sits. These scholarship awards range from \$500 to \$2,000 to each recipient.
- **The Marion Warner Hodgkins Scholarship** was established in honor of the first president and founder of the Women's Board. Mrs. Hodgkins served on the Women's Board from 1946 until her death in 2000. This scholarship awards up to \$5,000 to a scholarship applicant who shows exceptional talent and promise.
- **The Helen Dick Bronson Scholarship** was established in 2009 in memory of A. B. Dick, Jr.'s daughter, Helen Dick Bronson. Helen was a member of the Women's Board for 60 years and served as president from 1962 to 1965. \$2,000 to \$3,500 will be awarded to a scholarship applicant who is currently employed at Northwestern Medicine Lake Forest Hospital.
- **The Christina Schulte Fisher Scholarship** was established in 2007, to honor the exceptional volunteer service of Mrs. Fisher. Her invaluable commitment to and support of Lake Forest Hospital through membership on the Board of Directors and the Women's Board, have been of immeasurable benefit to the hospital and the community. These scholarships range from \$500 to \$1,500 to as many as three recipients.

THE WOMEN'S BOARD OF NORTHWESTERN LAKE FOREST HOSPITAL

A.B. Dick, Jr. Scholarship
Marion Warner Hodgkins Scholarship
Helen Dick Bronson Scholarship
Christina Schulte Fisher Scholarship

ELIGIBILITY REQUIREMENTS

Eligibility requirements for the A.B. Dick, Jr. Scholarship, The Marion Warner Hodgkins Scholarship and the Helen Dick Bronson Scholarship are as follows:

Employees of Northwestern Medicine Lake Forest Hospital, as well as their immediate family members, who are currently enrolled in an undergraduate or graduate school of nursing, medical school, or other clinical health career program with direct patient care.

OR

Current employees of Northwestern Medicine Lake Forest Hospital who are continuing their education in a clinical health career program with direct patient care and whose covered expenses exceed any tuition reimbursement available. If your covered expenses are fully reimbursed by Lake Forest Hospital, you are not eligible to receive any of the scholarships.

OR

Current or past Volunteers of Northwestern Medicine Lake Forest Hospital who are continuing their education in a clinical health career program with direct patient care.

Eligibility requirements for the Christina Schulte Fisher Scholarship are as follows:

Full time employees of Northwestern Medicine Lake Forest Hospital, who have been employed by Lake Forest Hospital for a minimum of one year, and who are currently enrolled in an undergraduate or graduate school of nursing, medical school, or other clinical health career program with direct patient care. Family members are NOT eligible for the Christina Schulte Fisher Scholarship. The award is given to as many as three full time employees of Lake Forest Hospital who have been employed by Lake Forest Hospital for a minimum of one year.

Current high school students are NOT eligible to apply.

**The Women's Board of Northwestern Lake Forest Hospital
Scholarship Application Policies and Instructions**

1. POLICIES:

- A. Scholarships are awarded for one academic year only. Re-application is required for each academic year for which financial assistance is sought. **Applicants can receive a maximum of four scholarships.**
- B. Scholarship checks will be issued and sent directly to the institution of higher learning in which the recipient is currently enrolled. **No checks will be issued to individuals.** Checks will be available for reimbursement for the **Fall semester of 2019.**
- C. If you receive an award, a student ID# is required for us to issue a check to the academic institution.
- D. If a scholarship recipient does not attend school or withdraws while the award is in effect, funds must be returned commensurate with the amount of the school year remaining. For example, should an applicant withdraw from an academic program halfway through the academic year, one-half the award must be returned.
- E. "Covered Expenses" shall mean tuition and fees, on-campus room and board, and text books.
- F. All applicants will be notified in **May** as to the status of their application as determined by the Scholarship Committee.

2. INSTRUCTIONS: Please submit the following along with your application.

- A. A **one-page** profile of yourself, stressing factors relevant to your occupational goals. Include the following:
 - 1. Your occupational choice
 - 2. Your qualifications for this occupation
 - 3. Your long term goals
 - 4. Any special considerations
- B. **An official transcript of your most recently attended educational institution. Please include the previous fall semester if you are currently a student.**
- C. If you are not currently enrolled in the educational institution you will attend the next academic year, please submit official proof of acceptance.
- D. Attached are two recommendation forms. Please distribute these to two persons - recent professors, counselors, or present employer supervisor – whom you select as personal references. If a current employee one recommendation form must be completed by and Manager, Director or Supervisor. Ask that they return the forms directly to lfbwomensboard@gmail.com by **March 30, 2019.**

We encourage you to check on the status of your application prior to March 30, 2019 contact Ellen Verlen at lfbwomensboard@gmail.com or Karin Mohar at kmohar@nm.org.

Late applications will not be accepted.

**The Women's Board of Northwestern Lake Forest Hospital
SCHOLARSHIP APPLICATION**

A.B. Dick, Jr. Scholarship
Marion Warner Hodgkins Scholarship
Helen Dick Bronson Scholarship
Christina Schulte Fisher Scholarship

INSTRUCTIONS:

1. Please print or type all answers.
2. All blanks must be completed; use NA where the question is not applicable to you.

PERSONAL INFORMATION:

Name _____ Date of Birth ____/____/____
 First Middle Last m d y

Place of Birth _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Applicant's Occupation _____

Place of employment (name and address) _____

Full-time _____ or Part-time _____ Approximate income _____

College Address (if applicable) _____

College Phone _____

How would you prefer to be contacted? Letter _____ Email _____ or Phone _____

To which address would you like your notification mailed?

Home _____ College _____ Other _____

NORTHWESTERN MEDICINE LAKE FOREST HOSPITAL AFFILIATION:

What is your employment status? Employee _____ Volunteer _____

Please list your position and date of employment, if applicable:

_____ Date _____

_____ Date _____

Please list your family affiliation (position, date of employment and relationship with Lake Forest Hospital).

Name _____ Date _____

Relationship to applicant _____

Name _____ Date _____

Relationship to applicant _____

EDUCATIONAL INFORMATION:

1. What is your professional goal? (RN, PT, MD etc...) _____

2. What program will you attend to achieve this goal? _____

3. List school you will be attending in September 2019. _____

4. If you have not been accepted, please list the institution and program to which you have applied. (Please forward confirmation of acceptance asap.)

5. What is your expected graduation date? _____

6. In September 2019, what will your academic level be? _____

For those in nursing school _____

For those in medical school _____

For those in a clinical health career program _____

For those in other graduate programs _____

7. What will your school status be? Full-time _____ or Part-time _____

8. If Part-time, what else will you be doing? _____

9. Where will you live? Dormitory _____ Home _____ or Other, please specify _____

10. What is your current grade point average (scale of 4. or 5.)? _____

11. List schools attended from High School to the present and degrees or diplomas granted.

School	Years attended	Degree/Diploma

12. List honors (academic or others) you have received: include date and granting institution.

Honor	Date	Institution

OCCUPATIONAL INFORMATION:

1. List jobs you have held in the past three (3) years.

Employer	Dates	Duty	Full-time or Part-time

2. List health and science related fields or activities for which you have volunteered in the past three (3) years.

Organization	Dates	Duty

ACADEMIC FINANCIAL NEED INFORMATION:

1. Are you eligible to receive tuition reimbursement from your employer? Yes _____ No _____

If yes, how much are you eligible to receive? _____

2. Do you have student loan obligations? _____ How much \$ _____

3. List your total academic expenses for next year (please be as specific as you can).

Tuition – only list for the terms you plan to attend next year.

Fall _____ Spring/Winter _____ Summer _____

Room and board, if applicable _____

Books _____

4. How many credit hours per term will you be taking? _____

What is the cost per credit hour? _____

5. Explain your financial need for assistance with respect to your education.

6. Who is the primary contributor to the support of you and your dependents?

7. Do you have an on-campus or summer job to help defray your educational costs? If yes, please describe below including approximate salary.

Approximate salary _____

8. List any scholarships or grants you have received in the past two (2) years.

Name	Amount
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9. List any other scholarship or grants for which you have applied for next year.

Name	Amount
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FAMILY INFORMATION:

2. Are you receiving financial assistance from your family? If so please list them below.

Name _____
Occupation _____
Place of employment (name and address) _____
Approximate income _____

Name _____
Occupation _____
Place of employment (name and address) _____
Approximate income _____

3. How many siblings do you have? _____ Their ages? _____

4. How many siblings are in college? _____

6. Marital Status _____

7. Spouse's Name _____
Occupation _____
Place of employment (name and address) _____
Approximate income _____

8. List your dependents including age and relationship to you.

Age	Relationship
_____	_____
_____	_____
_____	_____

9. How many dependents are in college? _____

WOMEN'S BOARD SCHOLARSHIP INFORMATION:

1. Have you ever applied for a Women's Board Scholarship? _____
If yes, what year(s) did you apply? _____

2. Have you received a Women's Board Scholarship? _____
If yes, please list the year(s) and what award amount(s) you received below.

Year	Scholarship	Amount
_____	_____	_____

Thank you for your application. Complete applications must be submitted by March 30, 2019.

WOMEN'S BOARD OF NORTHWESTERN LAKE FOREST HOSPITAL REFERENCE FORM

_____ is applying for Women's Board Scholarship(s) and has given your name as a personal reference.

Any information you may be able to give us will be held in the strictest confidence. Please return the completed form by March 30, 2019 via email to lfwomensboard@gmail.com.

1. How long and in what capacity have you known this person?

2. In the table below, please mark the social characteristics from 1 – 5 (with 5 being the highest score) as they pertain to each work situation.

Characteristic	With patients	With co-workers	With managers
Vitality & personality			
Social Qualities			
Tact			
Cooperation			
Self-discipline			
Dependability			

3. Please describe a situation when the applicant showed **initiative**, especially as it relates to patient care.

4. Please describe a situation when the applicant showed **leadership**, especially as it relates to patient care.

5. Please tell us why you feel this applicant is worthy of a scholarship.

We thank you for your time. You must return the form, but if you need more space to complete the questions, you may include an additional typed page.

Your name _____

Title _____

Company name and address _____

Work phone _____

Work email _____

Please direct any questions regarding completion or submission of the reference form to the following:
Ellen Verlen at lfwomensboard@gmail.com or Karin Mohar at kmohar@nm.org or 847.535.6921.

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