

Audrey Ballard Nursing Scholarship
Application
2019

385 Millennium Drive
Crystal Lake, IL 60012
847-802-7085

Audrey Ballard Nursing Scholarship

This scholarship was made possible by the generosity of Audrey Ballard. It was established as a means to assist future nurses with educational expenses.

Audrey was born in Woodstock, Illinois. She graduated from Garfield Park Community Hospital Nursing College. Although Audrey began her nursing career in Chicago, she eventually came back to Woodstock and worked at Memorial Hospital until she retired in 1984 after 48 years of nursing.

Thank you for your interest in the Audrey Ballard Nursing Scholarship.

Individuals may apply for the Audrey Ballard Nursing Scholarship by meeting the following criteria:

1. Applicant must be a high school graduate.
2. Applicant must be accepted into or be currently enrolled in an accredited nursing program. Recipient must present acceptance letter upon receipt of scholarship.
3. The school must be accredited or recognized as an approved program by the appropriate agencies.
4. Students having less than one academic year remaining until graduation are not eligible for consideration.
5. Proof of a GPA of "B" or better is required.

Facts Pertaining to the Scholarship

1. Two \$2,500 scholarships will be awarded and are given for one academic year.
2. Scholarship money must be applied toward tuition, fees or books and will be sent to the school designated by the recipient.
3. Former scholarship recipients are not eligible to apply.
4. Completed applications must be received by Friday April 5, 2019.
5. Selection of scholarship recipients will be made by April 19, 2019. Only the scholarship recipients will be notified.
6. For questions, please call the auxiliary office at 847-802-7085 or email patricia.herbst@nm.org

Scholarship Application

Please print or type. All blank lines must be completed or use "NA" where not applicable.

PERSONAL INFORMATION

Name (first, middle, last)

Present Street Address

City

State

Zip Code

Permanent Street Address

City

State

Zip Code

Cell Phone

Home Phone

email address

EDUCATIONAL INFORMATION

What school are you attending this fall? _____

Are you attending school full time or part time? _____

Expected graduation date? _____

What honors, awards or special achievements have you received and when?

EDUCATIONAL INFORMATION (Continued)

List, in chronological order, all schools attended beyond elementary school, addresses and degrees or diplomas granted.

School Name	Degree		
Address	City	State	Zip Code
School Name	Degree		
Address	City	State	Zip Code
School Name	Degree		
Address	City	State	Zip Code
School Name	Degree		
Address	City	State	Zip Code

OCCUPATIONAL INFORMATION

In what health or science-related fields or activities have you been involved for recreation, as a volunteer or as an employee? Please highlight your volunteer activities below.

List all jobs you have held (dates, employer and type of work) and indicate if they were full or part-time.

Employer	Dates
Duties	Full or Part time
Employer	Dates
Duties	Full or Part time

As part of your application, please submit:

1. A letter of recommendation selected from a teacher, counselor, employer, supervisor or clergy.

Letters must be sent directly to:

**Audrey Ballard Scholarship Committee
385 Millennium Drive
Crystal Lake, IL 60012**

2. A written profile presenting your occupational choice and goals. Include your qualifications for pursuing a career in nursing. Please limit this profile to one typewritten page.
3. Official proof of acceptance into a nursing program from the educational institution you are attending or will attend.
4. Current official school transcript showing grades for the last 2 semesters along with the official GPA. The transcript must be sent directly to the Scholarship Committee
5. Completed applications and references must be received by Friday April 5, 2019. No exceptions.

Signature

Date

I declare that I have completed this application and to the best of my knowledge the information given is complete and correct. I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the scholarship committee that may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the scholarship committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.