

Janet Smith Nursing Scholarship
Application
2019

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

Janet Smith Nursing Scholarship

The Janet Smith Nursing Scholarship was made possible through generous donations from family, friends and community members who wanted to honor her giving spirit.

Janet Smith received her nursing degree from Alverno College in 1974 and began working as a registered nurse in the obstetrics department at Woodstock Memorial Hospital. Janet exemplified the meaning of community service and volunteerism. As a certified childbirth educator, she taught Lamaze classes for expectant mothers throughout McHenry County for over 30 years. She lived with selfless concern for others and the strongest force in her life was the love of family and friends.

Thank you for your interest in the Janet Smith Nursing Scholarship.

Individuals may apply for the Janet Smith 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.

General Scholarship Information

1. Two \$2,500 scholarships will be awarded.
2. Scholarship funds 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 recipient will be made by April 19, 2019. Only the scholarship recipients will be notified.
6. For questions, please call 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? _____

What is your expected graduation date? _____

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

List, in chronological order, schools attended (beyond elementary school), addresses and level of education achieved or degree earned.

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

In what health or science-related fields or activities have you been involved with, as a volunteer or as an employee?

Please list student activities including extracurricular sports:

Please list community service and volunteer activities and the number of hours for each:

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

Employer	Dates
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Duties	Full or Part time
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Employer	Dates
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Duties	Full or Part time
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As part of your application, please submit:

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

Letters must be sent directly to:

**Northwestern Medicine Foundation
Attn: Janet Smith Scholarship Committee
385 Millennium Drive
Crystal Lake, IL 60012**

2. Describe your most meaningful achievements and how they relate to your decision to serve your community and pursue a career in nursing. Provide any additional information you would like to share and that you feel is appropriate for consideration by the scholarship committee. Please limit 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.