HAYES FAMILY MEMORIAL SCHOLARSHIP

**DESCRIPTION**:

The HAYES FAMILY MEMORIAL SCHOLARSHIP has been established to assist students pursuing a career in the nursing field. This one-year scholarship, **of up to a maximum of $1,500.00**, is awarded each academic year to at least two Wabash Valley College Students who are beginning the second level of the Associate Degree in Nursing Program. **The amount will vary depending on interest earned on the account from the previous year.** This one-year cash award may be applied toward tuition, books, transportation, or other educational expenses related to the nursing program.

**REQUIREMENTS**:

1. The applicant must complete and file an official application and any required materials by the deadline date as predetermined by the Foundation Scholarship Committee.
2. The WVC Foundation Scholarship Committee for the selection of this award shall include a member of the WVC Nursing Department. The faculty member shall serve as advisory, non-voting members.
3. The recipient(s) shall be determined during the summer prior to the beginning of Fall Semester of the award year.
4. Character, disposition, and interest and commitment to a career in nursing shall be factors in determining the recipients of this scholarship.
5. Financial need may be a factor in the case of equally qualified applicants.
6. The application form and any attachments must be typewritten.
7. In the event that the nursing program at WVC should cease to exist, the monies will be utilized for student pursuing Pre-Med or other Allied Health areas of study at Wabash Valley College.
8. Distribution of the scholarship will be made in two equal payments to the students at the beginning of the Fall and Spring Semesters and ***must*** be used for educational-related expenses such as tuition, books, transportation, or other nursing related supplies.

**THE RECIPIENT**:

* 1. Must have successfully completed at least 30 semester hours of study at WVC with no less than a 3.0 overall grade point average.
	2. Must be enrolled as a sophomore in the second year of the Nursing Program at WVC.

APPLICATION FOR

# HAYES FAMILY MEMORIAL SCHOLARSHIP

***This Application Must Be Typewritten by going online to our website — www.iecc.edu/wvc click on Admissions & Aid, then Scholarships***

**PERSONAL INFORMATION**:

|  |  |  |
| --- | --- | --- |
| Last Name: | First Name: | MI |

|  |  |
| --- | --- |
| Street Address: | Telephone #: |

|  |  |
| --- | --- |
| City, State, Zip: | Cell #: |

|  |  |
| --- | --- |
| Birth Date: | Student ID #: |

**COLLEGE INFORMATION**:

Have you been officially accepted into the second level A.D.N. Program at Wabash Valley College?

|  |  |  |
| --- | --- | --- |
| Yes: | No: | If yes, please provide a copy of your notification letter with this application. |

Indicate College and/or non-college activities, awards, while attending WVC:

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**EMPLOYMENT**:

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| --- |
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Present employment (if any):

**FINANCIAL DATA**:

Have you applied for Federal & State Aid Programs for the 2021-2022 academic year at Wabash Valley College?

If yes, please indicate the sources of assistance received:

|  |  |  |  |
| --- | --- | --- | --- |
| Pell: | SEOG: | MAP: | Loans: |
| Outside Scholarships (please list): |

|  |  |
| --- | --- |
| Yes: | No: |

Are you receiving or have you received any agency assistance?

If yes, please indicate the sources of assistance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WIA: | CEFS: | ORS: | Single Parent: | Other: |

**FUTURE GOALS/EMPLOYMENT GOALS**:

1. On a separate sheet of paper, please provide a statement regarding your future goals and objectives relating to the nursing program. Include how you wish to benefit from the Associate Degree in Nursing with regard to employment in areas relating to Hospitals, Home Health Care, Nursing Homes, etc.

 State why you feel you should be considered for this scholarship.

 Include your plans following graduation from Wabash Valley College.

2. Place and type of employment desired after graduation (if known):

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| --- |
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**ADDITIONAL REQUIREMENTS**:

1. A letter of character reference from a person unrelated to you must be attached.
2. An Official transcript of your work at WVC should be attached. This may be obtained from Student Services.
3. Have you ever been convicted of a felony or charge of substance abuse? \_\_\_\_ Yes \_\_\_\_ No

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: All materials must be **typewritten** and received by no later than **JULY 16, 2021.**

**Please send all materials to**:

WVC Foundation Scholarship Committee

C/O Jane Owen, Financial Aid Coordinator

Financial Resource Office

Wabash Valley College

2200 College Drive

Mt. Carmel, IL 62863

**Materials to Include**:

1. Completed Application
2. Copy of Acceptance Notification into the Nursing Program
3. Future Goals Statement
4. Letter of Character Reference
5. Official College Academic Transcript