# HEALTH TRUST SCHOLARSHIP

**DESCRIPTION**:

This two-year scholarship is designed to assist students who are pursuing a degree in a health-related field at an Illinois Community College. The award given will be **up to a maximum of $2000** that can be used for either one or two students to help defray the cost of education. This potential two-year award is to provide assistance to student(s) having financial need who are enrolled in the Nursing Program. **Availability of this scholarship is contingent on funding.**

**REQUIREMENTS**:

1. The applicant must complete and file an official application and any required materials by the deadline dates as predetermined by the Foundation Scholarship Committee.
2. The Foundation Scholarship Committee shall include a WVC nursing staff member, who serves in an advisory role for the selection of this scholarship.
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 in successfully completing the Associate Degree in Nursing as well as pursuing employment in the nursing field shall be factors in determining selection.
5. Financial need will be a factor in determining the recipient.
6. If the student does not qualify for a second semester or the next year’s award, the unused funds must be returned to the Illinois Community College System Foundation.
7. The student must show evidence of sufficient ability to succeed in the program he/she has selected, and such ability will be determined by the college staff based on normal procedures at Wabash Valley College.
8. The scholarship is to be awarded in two payments; one in the fall semester, and one in the spring semester. The students are expected to achieve satisfactory academic progress for each semester enrolled.
9. The student must apply for Federal and State Aid Programs. Results of the (FAFSA) Application must be on file in the Financial Resource Office.

**THE RECIPIENT**:

* 1. Must be officially accepted to enter either the first or second level of the A.D.N. program.
  2. The student may receive the scholarship for up to two consecutive years/four semesters as long as he/she remains enrolled in the same program and maintains satisfactory academic progress at Wabash Valley College.
  3. Must show evidence of sufficient ability to succeed in the program he/she has selected, and such ability will be determined by the college staff based on normal procedures at that college.

## APPLICATION FOR

## HEALTH TRUST 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**:

**Please answer the following**:

Are you pursuing the certificate only (PNC program at Wabash Valley College.)?

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

Are you pursuing a degree in the A.D.N. program at Wabash Valley College?

|  |  |
| --- | --- |
| Yes\*: | No: |

|  |  |
| --- | --- |
| First Level: | Second Level: |

\*If yes, what level are you entering?

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

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| --- |
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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): | | | |

**FUTURE GOALS/EMPLOYMENT GOALS:**

1. On a separate piece 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.

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

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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.

\*If you have no prior record of college credits, please obtain an Official high school transcript.

1. Have you ever been convicted of a felony or charge of substance abuse?

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

**Applicant 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 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(s) or Official High School Transcript