

THE WOMEN'S BOARD  
OF NORTHWESTERN LAKE FOREST HOSPITAL AUXILIARY

January 2011

Dear Scholarship Applicant:

Thank you for requesting an application for the scholarship program of the Women's Board of Northwestern Lake Forest Hospital. You will find the application attached to this letter.

Your completed application is due back to us no later than March 11, 2011; this date will be strictly enforced. The scholarship committee will meet in April and you will be notified of your status in mid-May 2011. Recipients will be invited to attend the June 2011 meeting of the Women's Board. Prior to completing the application, please review the following eligibility requirements to verify that you are a qualified recipient:

*You are an undergraduate or graduate student who is:*

- *Enrolled in a school of nursing, medical school or other accredited clinical health career program with direct patient care, or*
- *A current employee of Northwestern Lake Forest Hospital (Lake Forest or Grayslake Campuses) who is continuing your education in a clinical health career program and whose covered expenses, as defined in section III (D) of the Instructions and Policies attached, exceed any available tuition reimbursement.*
- *Current high school students are not eligible to apply*

The Women's Board is pleased and proud to offer these scholarship opportunities. As you can see from the history below, both our commitment and the number of awards have grown over the years.

- **The A.B. Dick, Jr. Scholarship**, established in 1952, is named for the first chairman of the hospital's Board of Directors. Mr. Dick's family donated the land on which our main hospital campus sits. Mr. Dick served on the Board from 1940 to 1951. These scholarship awards generally range from \$500 to \$1,500 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 \$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 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 Lake Forest Hospital.

We look forward to receiving your application and wish you the best in your educational pursuits.

Sincerely,

Becky Milliman  
Chair, Scholarship Committee

Barbara Kesman  
Co-Chair, Scholarship Committee

## **SCHOLARSHIP APPLICATION INSTRUCTIONS AND POLICIES**

The Scholarship Committee of The Women's Board of Northwestern Lake Forest Hospital Auxiliary conducts an annual scholarship program for qualified applicants pursuing clinical health careers with direct patient care. Awards are presented at the June meeting of the Women's Board. Funds for these continuing education scholarships are generated through the fundraising efforts of the Women's Board and the A.B. Dick Jr. Scholarship, the Marion Warner Hodgkins Scholarship and the Helen Dick Bronson Scholarship funds.

### **I. ABOUT THE SCHOLARSHIPS:**

- A. **The A. B. Dick, Jr. Scholarships** are awarded to those applicants who meet the eligibility requirements and are deemed outstanding by the scholarship committee. These awards generally range from \$500 to \$1,500 per academic year per applicant, to be applied toward Covered Expenses (as defined in Section III (C) below).
- B. **The Marion Warner Hodgkins Scholarship** awards \$5,000 to one of the scholarship applicants who shows exceptional talent and promise. Occasionally, two Hodgkins scholars are selected; in that case, the maximum award is split between the recipients. Applicants who, in the judgment of the Scholarship Committee, qualify for consideration for the Hodgkins Scholarship will be notified by the Scholarship Committee and asked to arrange time for a personal interview.
- C. **The Helen Dick Bronson Scholarship** will be awarded to one employee of Northwestern Lake Forest Hospital whose position involves direct patient contact, who shows exceptional talent and promise, and who has been employed at Northwestern Lake Forest Hospital for at least one year. The award is between \$2,000 and \$3,500 and may be applied toward Covered Expenses. Applicants who, in the judgment of the Scholarship Committee, qualify for consideration for this scholarship will be notified by the Scholarship Committee and asked to arrange time for a personal interview.

### **II. ELIGIBILITY FOR SCHOLARSHIPS APPLICATION:**

- A. Residents of locations served by Northwestern Lake Forest Hospital, Lake Forest and Grayslake Campuses may apply.
- B. Employees of Northwestern Lake Forest Hospital, as well as their family members, are encouraged to apply.

## SCHOLARSHIP APPLICATION INSTRUCTIONS

- C. Currently enrolled undergraduate or graduate students who:
- are enrolled in a school of nursing, medical school, or other clinical health career program with direct patient care,
- OR
- are current employees of Northwestern 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 Northwestern Lake Forest Hospital, you are not eligible to receive any of the scholarships.*
- D. Current high school students are not eligible to apply.

### III. POLICIES:

- A. Scholarships are awarded for one academic year only. Reapplication is required for each academic year for which financial assistance is sought. **Applicants can receive a maximum of four grants.**
- 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 2011.
- C. If a scholarship recipient does not attend school or drops out 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.
- D. "Covered Expenses" shall mean tuition and fees, on-campus room and board, and text books.
- E. All applicants will be notified on or about **May 16, 2011** as to the status of their application as determined by the Scholarship Committee.

### IV. PLEASE SUBMIT: (along with your application)

- A. **A one-page profile of yourself**, stressing factors relevant to your occupational goals. Include:
1. Your occupational choice
  2. Your qualifications for this occupation
  3. Your long term goals

## SCHOLARSHIP APPLICATION INSTRUCTIONS

4. Any special considerations we should know about
  - 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. If you are not yet accepted in the educational institution you will attend, forward a copy of your acceptance as soon as it arrives.
  - E. Attached are two recommendation forms. Please distribute these to two persons- recent professors, counselors, or present employer supervisor – whom you select as personal references. Ask that they return the forms directly to the Office of Philanthropy at Northwestern Lake Forest Hospital by **March 11, 2011. Late applications will not be accepted.**

Submit completed application by **March 11, 2011** to:  
Scholarship Committee  
Office of Philanthropy  
Lake Forest Hospital  
660 N. Westmoreland Road  
Lake Forest, IL 60045  
847.535.6111; fax 847.535.7814

**THE WOMEN'S BOARD OF  
NORTHWESTERN LAKE FOREST HOSPITAL AUXILIARY**

**A.B. Dick, Jr. Scholarship  
Marion Warner Hodgkins Scholarship  
Helen Dick Bronson Scholarship**

**APPLICATION**

Please print or type. All blanks must be completed.

Use NA where the question is not applicable to you.

Please note: scholarship checks will go directly to academic institutions.

**PERSONAL INFORMATION**

1. Full Name \_\_\_\_\_

2. Social Security Number \_\_\_\_\_

3. Home Address \_\_\_\_\_  
\_\_\_\_\_

4. E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Applicant's  
Address at  
College \_\_\_\_\_

Phone at College \_\_\_\_\_

5. How would you prefer to be contacted? Letter \_\_\_\_\_ email \_\_\_\_\_ or phone \_\_\_\_\_

6. Which address should be used to notify you on or around May 16, 2011?  
\_\_\_\_\_

7. Birth date \_\_\_\_\_

Place of birth \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_

8. Northwestern Lake Forest Hospital Affiliation:

Employee or Volunteer (date and position) \_\_\_\_\_

Family Affiliation (date and position held by relative) \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION**

1. a. What is your professional goal? \_\_\_\_\_  
b. What is your course of study? \_\_\_\_\_  
c. What will your academic level be as of September 2011? \_\_\_\_\_  
For those in a school of nursing \_\_\_\_\_  
For those in medical school \_\_\_\_\_  
For those in other graduate programs \_\_\_\_\_  
For those in other clinical health career program \_\_\_\_\_  
d. What is your cumulative grade point average? \_\_\_\_\_  
On what scale? \_\_\_\_\_

2. a. What school are you currently attending or plan to attend in September 2011?  
\_\_\_\_\_  
If you have not yet been accepted, list the institutions to which you have applied:  
\_\_\_\_\_  
\_\_\_\_\_  
b. Full or part time? \_\_\_\_\_  
c. If part time, specifically, what else will you be doing? \_\_\_\_\_  
\_\_\_\_\_  
d. Expected graduation date: \_\_\_\_\_

3. Residence plans:  Dormitory  Home  Other, specify:  
\_\_\_\_\_

4. List all schools attended beyond elementary school and degrees or diplomas granted:

School	Dates attended	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What honors (academic or otherwise) have you received and where and when did you receive them?

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**OCCUPATIONAL INFORMATION**

1. List jobs you have held in the past three (3) years (dates, employer and type of work) and indicate whether they were full or part time.

Employer	Duty	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. In what health or science related fields or activities have you been involved, for recreation or as a volunteer?

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**CONFIDENTIAL INFORMATION**

1. a. Applicant's occupation \_\_\_\_\_  
b. Place of employment \_\_\_\_\_  
c. Full or part time \_\_\_\_\_ Company Address  
d. Approximate income \_\_\_\_\_





9. Explain your financial need for assistance with your education.

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10. List any other scholarships or grants you have received in the past two years, including amount of the award:

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11. List any other scholarships or grants for which you have applied for next year and their potential value:

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12. Do you receive any tuition reimbursement from your employer?

Yes                       No

If so, for how much are you eligible? \_\_\_\_\_

13. List your academic expenses for next year:

Tuition \_\_\_\_\_

Room and board \_\_\_\_\_

Student loan obligations \_\_\_\_\_

14. Have you ever applied for an A.B. Dick Jr. Scholarship? \_\_\_\_\_

15. If yes, what years did you apply? \_\_\_\_\_

16. Have you ever received an A.B. Dick Jr. Scholarship? \_\_\_\_\_

17. If yes, what year(s) and what award amount(s) did you receive? \_\_\_\_\_

**Thank you for your application. Please submit by March 11, 2011.**

**WOMEN'S BOARD OF  
NORTHWESTERN LAKE FOREST HOSPITAL  
LAKE FOREST, ILLINOIS**

\_\_\_\_\_ is applying for the A. B. Dick, Jr. Health Career Scholarship 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 11, 2011 to:

Office of Philanthropy/Scholarship Chairman  
Lake Forest Hospital  
660 North Westmoreland Road  
Lake Forest, IL 60045  
847.535.6111; fax: 847.535.7814

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

\_\_\_\_\_

2. Vitality and personality

\_\_\_\_\_

3. Social qualities

\_\_\_\_\_

4. Tact

\_\_\_\_\_

5. Cooperation

\_\_\_\_\_

6. Self-discipline

\_\_\_\_\_

7. Initiative

\_\_\_\_\_

8. Leadership

\_\_\_\_\_

9. Dependability

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

We thank you for your time.

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

**WOMEN'S BOARD OF  
NORTHWESTERN LAKE FOREST HOSPITAL  
LAKE FOREST, ILLINOIS**

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

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2. Vitality and personality \_\_\_\_\_

3. Social qualities \_\_\_\_\_

4. Tact \_\_\_\_\_

5. Cooperation \_\_\_\_\_

6. Self-discipline \_\_\_\_\_

7. Initiative \_\_\_\_\_

8. Leadership \_\_\_\_\_

9. Dependability \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

We thank you for your time.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_