

Winter 2012

To: Scholarship Applicant
From: Barbara Kesman, Chair, Scholarship Committee
Connie Payne, Co-Chair, Scholarship Committee

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 12, 2012; this date will be strictly enforced. The scholarship committee will meet in April and you will be notified of your status in mid-May 2012. Recipients will be invited to attend the June 2012 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. Eligibility requirements are as follows:

Employees of Northwestern Lake Forest Hospital, as well as their immediate family members, who are currently enrolled in an undergraduate or graduate 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.

OR

are current or past Volunteers of Northwestern Lake Forest Hospital who are continuing their education in a clinical health career program with direct patient care

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 \$2,000 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.

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 \$2,000 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:

Employees of Northwestern Lake Forest Hospital, as well as their immediate family members, who are currently enrolled in an undergraduate or graduate school of nursing, medical school, or other clinical health career program with direct patient care,

OR

SCHOLARSHIP APPLICATION INSTRUCTIONS

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.*

OR

are current or past Volunteers of Northwestern Lake Forest Hospital who are continuing their education in a clinical health career program with direct patient care

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 2012.
- 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, 2012** 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
 - 4. Any special considerations we should know about

SCHOLARSHIP APPLICATION INSTRUCTIONS

- 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 12, 2012. Late applications will not be accepted.**

Submit completed application by **March 12, 2012** 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 _____

Applicants
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, 2012?

7. Birth date _____

Place of birth _____

U.S. Citizen? Yes ____ No ____

8. Northwestern Lake Forest Hospital Affiliation (please be specific)

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 2012? _____

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 2012?

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?

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?

CONFIDENTIAL INFORMATION

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

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

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

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

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

Yes No

If so, for how much are you eligible? _____

13. List your total academic expenses for next year:

Tuition _____ Fall _____ Spring _____

Summer _____

Room and board _____

Books _____

Student loan obligations _____

14. How many credit hours per term will you be taking? _____

15. Cost per credit hour _____

16. Which term(s) will you be attending?

Fall 2012 _____ Spring 2013 _____

Summer 2013 _____

17. Have you ever applied for an A.B. Dick Jr. Scholarship? _____

18. If yes, what years did you apply? _____

19. Have you ever received an A.B. Dick Jr. Scholarship?

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

Thank you for your application. Please submit by March 12, 2012.

**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 12, 2012 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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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 _____