





General Federation of Women's Clubs Indiana Federation of Clubs

ESO JOYCE WARGO READING CLUB Valparaiso, Indiana

January 12, 2022

Clay Corman, Principal Boone Grove High School 260 South 500 West Valparaiso, IN 46385

Re: Health Care Professionals Scholarship Application Form

Dear Mr. Corman,

The North West District of the General Federation of Women's Clubs, Indiana Federation of Clubs, sponsors an annual **Health Care Professionals Scholarship** (formerly Nurses Scholarship) which is available to graduating Seniors who are interested in the field of health care professionals.

I'm enclosing a copy of the Health Care Professionals Scholarship Application form. We would appreciate it very much, if you would route the form to the appropriate school counselor for distribution to graduating Seniors who plan to pursue a degree in health care and have a financial need. You are welcome to make additional copies as needed.

The deadline for returning a completed application is March 1st. Please mail completed application(s) to:

Tanya A. Bland, Vice President GFWC IFC ESO Joyce Wargo Reading Club 1956 Kankakee Court Valparaiso, IN 46385

With the Covid Pandemic still prevalent & affecting the reopening of schools & in class learning, we're hopeful that this information will be made available to your students, thus enabling them the opportunity to apply for the scholarship. We wish you good luck in that perhaps your Senior student will be selected as the 2022 scholarship recipient.

Thank you very much.

Jango a. Bland, Chairman,

Health Care Professionals Scholarship

Enclosure

General Federation of Women's Clubs – Indiana Federation of Clubs

NORTH WEST DISTRICT HEALTH CARE PROFESSIONALS SCHOLARSHIP APPLICATION

The GFWC IFC Nurses Scholarship was created as a result of a shortage of nurses due to World War II, when women were enrolling in nursing schools as a way to show their patriotism. Members of GFWC IFC saw the need to financially assist these women, thus the scholarship remains today.

However, considering today's shortage of not only nurses but all levels of health field workers, members of the GFWC IFC North West District & the Scholarship Committee has agreed to rename the scholarship to read HEALTH CARE PROFESSIONALS. We strongly believe this will open the door to other high school seniors pursuing careers in other medical fields.

On behalf of GFWC IFC North West District, the Scholarship Committee encourages you to submit your completed application to your local GFWC IFC club!

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This application is open to any graduating High School Senior or Non-Traditional Student, whose plans include attending a college or university in pursuit of a Bachelor of Science Degree in an accredited Health Care Professionals Program. It is important for the student filling out this application to be very thorough and specific when answering the questions.

Requirements for a graduating senior are as follows: a written essay explaining why the student has chosen nursing as a career (student's signature required); provide a written recommendation from a Guidance Counselor/Teacher/Principal; provide a high school transcript; obtain the signature of the President of the sponsoring GFWC IFC Woman's Club.

Requirements for a non-traditional student are the same as listed above; however, copies of records and/or grades from a previously attended school must be attached. The application must be returned to the President of the sponsoring club no later than March 1st of the current year.

The information provided is a foundation for which the Scholarship Committee uses to determine the recipient of the scholarship. The winning entry will be notified by mail & will be invited to be our guest at the North West District's Fall Conference Luncheon. The scholarship award will be sent directly to the Bursar's office of the college/university to which the student has been admitted.

For additional information, contact your local high school Guidance Counselor or the local GFWC IFC Woman's Club. All information provided on this application will be considered strictly confidential.



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NORTH WEST DISTRICT HEALTH CARE PROFESSIONALS SCHOLARSHIP APPLICATION

Date:	
	STUDENT INFORMATION
Applicant's Full Name	•
Street Address:	
City/State/Zip Code: _	
Birthday:	Home Phone:
College/University cho	osen:
What Degree do you pl	lan to receive:
Please check one:	Two Year Program Four Year Program
Please check one:	I plan to live in college/university housing on campus
	I plan to commute from home
A	nancial plans you have made for meeting college expenses: college, other scholarships, financial aid)

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NORTH WEST DISTRICT HEALTH CARE PROFESSIONALS SCHOLARSHIP APPLICATION

STUDENT INFORMATION continued

Applicant's Ful	l Name:		·
Name of High S	School:		
Grade point ave	rage:		
Honors received	l:		
			ved:
Offices held:			
		FAMILY INFO	ORMATION
Father/Guardian	Name	N	lother/Guardian Name
Family Income:	□ \$40,000 - \$4	29,000 annually 49,000 annually 59,000 annually	□ \$30,000 - \$39,000 annually □ \$50,000 - \$59,000 annually □ \$70,000 + annually

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NORTH WEST DISTRICT HEALTH CARE PROFESSIONALS SCHOLARSHIP APPLICATION

This page should be typed & completed by the Student (You may add additional pages as necessary)

Application Deadline: March 1st

APPLICANT'S NAME:	

STUDENT'S ESSAY (Student's signature required)