



2020 Sister
Mary Jeannette
Wess, S.N.D.
Scholarship
Application



Applicant Requirements

- Must be pursuing a Bachelor's degree or higher at an accredited college or university.
- May be an undergraduate or graduate level student in any degree plan.
- Must be junior level or above by Fall Semester, 2020.
- Must have graduated from a high school in one of the following St. Claire service-area counties:

Rowan Carter Lewis Wolfe Bath Magoffin
Fleming Morgan Elliott Menifee Montgomery

- Must be able to demonstrate academic achievement, leadership, service, and financial need.

Date _____

Name _____

Home Phone () _____ Cell Phone () _____

Home Address _____

Business Name (if currently employed) _____

Occupation _____ Business Phone () _____

Business Address _____

Hometown _____ Graduated from _____ High School in _____ County

Is anyone dependent on you for financial support? Yes _____ No _____

If so, list them and the extent of support you provide: _____

Are you eligible or have you received financial aid or scholarships from other sources, such as government rehabilitation services, Veterans Administration, inheritance, business firms or organizations, etc.? Yes _____ No _____

If yes, specify sources and amounts: _____

Give information concerning current or last school(s) attended:

| Name of school | City & State | Date entered | Date left | Diploma/degree |
|----------------|--------------|--------------|-----------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please attach a grade transcript from current or most recent school attended. If a transcript is not attached, please attach an explanation and list last year's grades.

List any special offices, awards, honorary societies, or extracurricular/service activities that you feel are important.

What school are you attending or planning to attend? _____

Date school begins _____ Date financial aid is needed _____

When will you graduate? _____ Number of hours accumulated toward your degree _____

Please ask three people (you may include teachers, employers, clergy, etc.) for a letter of reference and enclose them with this form.

Please list your employment history beginning with your most recent employer.

Company name _____ Your duties _____

Address _____

Starting date _____ Date left _____ Reason for leaving _____

Company name _____ Your duties _____

Address _____

Starting date _____ Date left _____ Reason for leaving _____

Company name _____ Your duties _____

Address _____

Starting date _____ Date left _____ Reason for leaving _____

Please include on separate paper why you want to pursue your career. Include any information that you would like the Sr. Mary Jeannette Wess, S.N.D. Scholarship Committee to know about you, your experience, your interests and hobbies. Also include your ideas on how your profession could serve in a healthcare setting and how you might envision yourself in such a career. (Please limit narrative to two pages.)

Would you be willing to appear before the Sr. Mary Jeannette Wess, S.N.D. Scholarship Committee?

Yes _____ No _____

Please complete your budget for one school year:

| | | | |
|--------------------------|-------|---------------------------|-------|
| Tuition & fees | _____ | Personal savings | _____ |
| Books & materials | _____ | Earnings during summer | _____ |
| Room & board | _____ | Aid from parents/guardian | _____ |
| Lunches & travel | _____ | Aid from other relatives | _____ |
| Installment debt | _____ | Scholarships | _____ |
| Other expenses (itemize) | _____ | Other resources (itemize) | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| Total expenses | _____ | Total resources | _____ |

Difference needed _____

Applicant:

I certify that all information provided on this application is complete and correct and permit members of the Scholarship Committee to contact any employer or reference listed on this application.

Date _____ Signature _____

This application must be returned by Friday, May 22, 2020, to Tom Lewis, St. Claire Foundation Executive Director, in one of the following ways:

- Via mail at 222 Medical Circle, Morehead, KY 40351
- Via fax at (606) 783-6795
- Via email at telewis@st-claire.org
- Hand deliver to the St. Claire Foundation Office, 227 Allen Avenue, Morehead, KY

Your Application Packet should include:

- Personal cover letter
- Completed Application Form
- Three reference letters
- Official grade transcript

If you have questions, please contact Tom Lewis via email at telewis@st-claire.org or by phone at (606) 783-6511.