

2021 Sister
Mary Jeannette
Wess, S.N.D.
Scholarship
Application

Administered by the St. Claire Foundation



Applicant	Re	qu	ir	'e	m	ents	

- 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, 2021.
- 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				
			ell Phone()	
Home Address				
— Business Name (if cu				
Occupation		Business	Phone ()	
Business Address _				
Hometown			High School	in County
ls anyone dependent	on you for financial supp	oort? Yes N	0	
If so, list them and the	e extent of support you p	rovide:		
services, Veterans Ad	dministration, inheritance	l aid or scholarships from , business firms or organ	izations, etc.? Yes _	
Give information cond	cerning current or last scl	hool(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 a	attending or planning to	o attend?			
Date school begins When will you graduate? Nu		Number of hours accumulated toward your degree			
Please ask three peo	ople (you may include	e teachers, employers, clergy, etc.) for a letter of reference and enclose			
Please list your emplo	yment history beginnir	ng 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					
		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 app	ear before the Sr. Mary Jeanne	ette Wess, S.N.D. Scholarship Co	ommittee?
Yes No			
Please complete your budg	et 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 բ Committee to contact any e	provided on this application is c mployer or reference listed on t	omplete and correct and permit in this application.	members of the Scholarship
Date	Signature		

This application must be returned by Friday, May 21, 2021, to Tom Lewis, St. Claire Foundation Executive Director, in one of the following ways:

Your Application Packet should include:

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

- 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

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