

RULES AND REGULATION
THE WASHINGTON COUNTY VOITURE 898 DEAN SCHATZ
MEMORIAL NURSES TRAINING SCHOLARSHIP PROGRAM

The scholarship will be in the amount of \$300.00 per year for a maximum of four years. This aid will only be given for each year of attendance in a Nurses training program up to the maximum of four years, i.e. if enrolled in a two year program, only two years of aid will be given, etc.

The applicant must be a student of a Washington County High School or if no longer in school, must be a resident of Washington County.

If the applicant is a High School student, the student must be completing his/her last semester and be entering a Nurses training program in the following semester. If the applicant is already out of school, the person must either be enrolled in a Nurses training program (proof of enrollment required) or will be entering a program in the next semester.

Applicants will be judged on prior grades, future interests in Nursing, etc. Although we do not ask for financial data, some information may be requested at a later date to determine the need for aid. The primary concern is to give aid to a person who has a genuine need for it.

An applicant's parent, spouse, relative or guardian need not be a Veteran or an American Legion or Forty et Eight member. Although this item is low on the priority list, it will be used as a criteria in selecting a winner.

If a High School student, send a transcript of your seven prior semesters. If currently enrolled in a Nurses training program, send your grades from that institution and your High School grades if available. For applicants who are going into a program after a few years out of school, send information on your educational background (school graduated from, current interest, prior grades, etc.) to best of your ability.

The aid will be paid once a school year after completion of the first semester of each year, i. e. for the fall 2019 through spring 2020 school year, the aid will be paid in February, 2020. At the end of each fall semester, a transcript of your grades for that semester and all prior ones in the program must be sent to the Voiture. Upon receipt of these transcripts, the aid will be paid for that year.

The properly completed application, school transcripts and any other supporting info should be mailed to Dave Wegener, 1549 So. 72nd St. West Allis, Wi. 53214-4703. All applications must be received by Monday, April 29th, 2019. Be sure to use proper postage so your application is not delayed. Due to the number of applications normally received, only the student selected to receive a scholarship, will be notified. Notification will be given by the 15th of May, 2019.

**WASHINGTON COUNTY VOITURE 898 DEAN SCHATZ
MEMORIAL NURSES TRAINING SCHOLARSHIP APPLICATION**

Name _____ Ms/Mr.

Home Address; _____

E-Mail Address _____ Kept Confidential

Phone Number (_____) _____ Birth Date _____ Age _____

Name of college, university or technical school you plan to attend (or are attending);

_____ Location _____

Have you been accepted? Yes__ No__ If no, when do you expect acceptance? _____

What month / year do you plan to start training? _____

What month / year do you plan to graduate from this training? _____

High School you attend(ed) _____

How many years have (had) you attended this High School; _____

Rank in class as of last quarter – Number _____ of _____ (if known)

List any honors, awards or recognition you received during your High School years (or since); _____

List your activities within and outside of High School including volunteer work; _____

Part-time / Full-time jobs you have held or are now holding; _____

Have you filed, or do you intend to file, a financial aid form to request aid from the school (or schools) to which you are applying? Yes _____ No _____

Does your family have any unusual financial problems? If yes, please explain;

How do you expect to finance your college education?

Personal Savings	Yes _____	No _____
Summer Earnings	Yes _____	No _____
School Year Earnings	Yes _____	No _____
Family Contributions	Yes _____	No _____
Loans / Financial aid	Yes _____	No _____
Other Sources	Yes _____	No _____

If yes, specify _____

What have you done in the area of nursing (jobs, classes, projects, volunteer work, etc.)?

In a paragraph, please explain why you want to enter the nursing profession and how a scholarship would help you attain this goal; _____

Father's / Guardian's Name; _____

Occupation; _____

Place of Employment; _____
Mother's / Guardian's Name ; _____

Occupation; _____

Place of Employment; _____

Are any of your Parents / Guardians or immediate family members a member of any of the following? If yes, please list the person(s) name, relationship, branch of service, Legion Post or Voiture (use back if needed)?

A U. S. Veteran? Yes or No _____

An American Legion Member? Yes or No _____

A Forty et Eight Member? Yes or No _____

**Please attach any written references you care to provide.
Please attach all required transcripts.**

I UNDERSTAND THAT ANY BENEFITS OR SPONSORSHIP I WILL RECEIVE FROM THE WASHINGTON COUNTY VOITURE 898 MAY BE DISCONTINUED AT ANY TIME THAT MY PROGRESS IN TAKING THE PROPOSED NURSES TRAINING COURSES FAILS TO MEET THE APPROVAL OF THE VOITURE AND THE TRAINING INSTITUTION. I ALSO UNDERSTAND ALL RULES FOR APPLYING FOR THIS SCHOLARSHIP AND HOW LONG IT WILL REMAIN IN AFFECT. I ALSO UNDERSTAND IT IS MY RESPONSIBILITY TO SEND A COPY OF MY TRANSCRIPTS TO THE VOITURE EACH YEAR TO CONTINUE MY SCHOLARSHIP.

Signature of Parent or Guardian; _____

Signature of Applicant; _____

Date; _____

FOR VOITURE USE ONLY: ACCEPTED – YES _____ NO _____

JUDGES REMARKS; _____

