

Helen H. Wetherbee Nursing Scholarship



In honor of their mother Helen, the Wetherbee children established the Helen H. Wetherbee Nursing Scholarship. Mrs. Wetherbee has lived in the Galesburg community her entire life. Trained as a nurse at Cottage Hospital School of Nursing and then achieving her B.S. from Knox College, Mrs. Wetherbee worked for two years as Supervisor of Obstetrics before resigning to raise her family. While working as a full time mother Mrs. Wetherbee remained active in the medical community as a volunteer. Some of her accomplishments include serving on the Board of Directors at Cottage Hospital, and founding the successful "Craft Shop" of Cottage Hospital. In recent years, Mrs. Wetherbee has become increasingly concerned with the declining quantity and quality of available nurses; a problem which has emerged nationally as well as locally. The purpose of this fund is two fold: the fund is designed to aid and encourage young men and women pursuing a career in nursing; the second is to honor Helen H. Wetherbee.

Eligibility

1. Consideration is limited to students who have been accepted into a school of nursing. For example, pre-nursing students are not eligible until they are accepted into nursing school. Colleges or universities attended must be accredited or recognized as an approved program by the appropriate agencies. *Applicants enrolled in an associate degree or hospital-based program will be considered.
2. Applicants must be a resident of the geographic area served by Galesburg Community Foundation. The geographic area is considered to be a 40 mile radius of Galesburg, IL, or a Knox County resident.
3. Students having less than one academic year remaining until graduation are not eligible for consideration.

Award

The \$1,250 award is to be applied toward tuition, fees, room and Board, or books and will be sent to the designated school. This is a one time award. Recipients must reapply each year that they are eligible to receive the scholarship. If a recipient drops out of school while the award is in effect, funds must be returned commensurate with the school year remaining. For example, for one-half of the academic year, one-half of the award must be repaid.

Type of Scholarship

The scholarship will be awarded on the basis of the applicant's motivation to accomplish his/her educational/career goals, potential for scholarship, scholastic achievement, financial need and or other activities and skills as demonstrated by the supporting information requested.

Deadline

April 15th of each calendar year

Selection Procedure

The Galesburg Community Foundation Scholarship Committee will review all applications. The top three applications will be forwarded to the Wetherbee family. The Community Foundation Board of Directors will approve the recommendation of the committee and Wetherbee family and awards will be announced by mail. All applications will be kept in confidence.

Helen H. Wetherbee Nursing Scholarship



APPLICATION PROCEDURE/CHECKLIST

1. Completed Application []
2. Two Letters of Recommendation []
At least two letters of recommendation selected from a teacher, counselor, employer, or supervisor. The letters must be on letterhead and include the author's title, mailing address and phone number.
3. Essay (300 word limit) []
4. Most recent transcript []
Submit the most current transcript from last educational institution attended. The transcript must be marked by the school.
5. Official Proof of Acceptance from the School []
You will submit an official notification from college or nursing program confirming your acceptance. This should be a separate letter on official letterhead and not incorporated into a letter of reference.
6. Applications must be Postmarked by the Deadline. In order to be eligible, each part of the application must be completed. All supporting documentation must be submitted. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation at (309)344-8898 prior to the final filing date to verify if their application was received complete.

Application Deadline: April 15th

7. Consent for Release of Information
"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Galesburg Community Foundation and the Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Foundation is concerned, since it is my understanding that the information will be used solely for the evaluation of any application for scholarship and for no other purpose."

Signature of Applicant

Date Completed

**Submit Applications To: Galesburg Community Foundation
575 North Kellogg Street
Galesburg, Illinois 61401**

Phone: (309)344-8898

Helen H. Wetherbee Nursing Scholarship Application



Please complete this form and return it with transcripts to the Galesburg Community Foundation Office, 575 North Kellogg Street, Galesburg, Illinois 61401. **PLEASE TYPE OR PRINT.**

PERSONAL DATA

Name _____ Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____

County _____ Home Phone # _____ Work Phone # _____

EDUCATIONAL BACKGROUND

Please list educational background in chronological order.

NOTE: Transcripts from last educational institution attended must be included if you wish your application processed.

High School

Name _____ City _____

Date Graduated _____ Cumulative Grade Point Average: _____ on a _____ scale

College (list most recent first)

Name _____ City _____

Dates Attended: From _____ to _____ Cumulative GPA: _____ on a _____ scale

Area of Study _____

Name _____ City _____

Dates Attended: From _____ to _____ Cumulative GPA: _____ on a _____ scale

Area of Study _____

EXTRACURRICULAR ACTIVITIES/ VOLUNTEER SERVICE

Please list opportunities you have taken to give back to your community thru volunteer service or community activities. Attach additional sheet if necessary

Organization	Length of Service	Brief description of involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name _____

WORK HISTORY

List your paid work experience during the last four years (maximum of 4 employers).

Position	Employer	Dates of Employment	Average monthly income

FINANCIAL ASSISTANCE INFORMATION

Estimate of anticipated annual educational expenses

Tuition and Fees: \$ _____

Book and Supplies: \$ _____

Room & Board: \$ _____

How do you anticipate meeting you educational expenses?

Personal Saving: _____ %

Family Resources: _____ %

College Financial Aid: _____ %

Outside Employment: _____ %

Please list additional scholarships for which you have applied:

Scholarship	Amount	Received/Pending
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are not claimed by your parents as a dependent for income tax purposes, please complete below:

Information as reported on your last income tax return – Form 1040

Adjusted Gross Income _____

Your Occupation: _____

Employer: _____ Approx. Income: _____

Spouse's Occupation: _____

Employer: _____ Approx. Income: _____

Dependent Children (if any):

Number: _____ Ages: _____

If you are claimed by your parents as a dependant for income tax purposes please complete below:

Father's Occupation: Employer: _____

Approximate Income: _____

Mother's Occupation: Employer: _____

Approximate Income: _____

Information reported on last year's tax return – Form 1040

Adjusted Gross Income: _____

NAME

AGE

SCHOOL TO ATTEND

Information as to dependent children:

Name _____

Page 3

PROGRAM ENROLLMENT

Name and complete mailing address of the school you will be attending this fall:

Name: _____

Street Address _____

City: _____ State: _____ Zip: _____

Length of Program: _____ 4 year _____ 3 year

_____ 2 year _____ other (describe)

Residence plans: _____ dormitory _____ home

_____ other

PERSONAL ESSAY

Please provide a brief essay outlining your interest in nursing, your professional goals, and why you deserve the Helen Wetherbee Scholarship. Essay should be attached on a separate sheet of paper that includes your first and last name

All above information is accurate. If I should receive this scholarship, I realize I will need to maintain the requirements as specified. I also give my permission to Galesburg Community Foundation to request and obtain any related information that would be pertinent to my application.

Applicants Signature

Date

Parents Signature (if applicant is a dependant for income tax purposes)

Date