

The Wells County Foundation, Inc.
Jill Dreyer Memorial Nursing Scholarship
Student Application – Not For Graduating High School Seniors

"We can turn something that was so awful into something truly special and long-lasting. We can transform a terrible circumstance into something very, very positive. The pain can slowly be converted and channeled into positive energy. We have the opportunity to choose another direction that builds on her life and provides hope and opportunity to people she never knew, but who will know of her." -- Submitted by the family of Jill Dreyer

Please print or type all information and complete both pages of application. If space provided is inadequate, please attach any additional papers, including your name on each additional page(s). Two - \$2,000 scholarships, awarded annually, are nonrenewable, but recipients may reapply for future years' awards. The awards are for tuition and/or books and required educational materials. Recipients may be full-time or part-time students.

Program Eligibilities:

- 1) Must be a Wells County resident or employed at a healthcare facility within Wells County at the time of application;
- 2) Must have been accepted into or enrolled in an accredited Basic RN Program (2-4 year) and submit a letter from admissions verifying acceptance into nursing program.
- 3) Must submit an official high school transcript if entering into a nursing program at time of application or if there are no college credits;
- 4) Must submit a college transcript if already enrolled in a nursing program and have completed coursework;
- 5) Completed Application will include academic accomplishments, school/community activities, work experience, two letters of recommendation and a personal statement conveying short and long term goals and any special circumstances or financial need which should be considered in the selection process.

Application should be returned by 4:00 p.m. to the office of The Wells County Foundation, Inc., 360 N. Main St., Suite C., Bluffton, IN 46714 by
April 1, 2011.

Type or print

Last Name	First Name	MI	Email	
Permanent Street Address	City	ZIP Code	Home Telephone	
Name(s) of Parent(s) or Legal Guardian(s) (if applicable)		Address (if different from above)		
Name of High School	Street Address	City, State ZIP		Telephone
Principal Name	Guidance Counselor(s) Name(s)		Graduate Date mo/yr	
College Data – If currently enrolled, please list the college or university on Line 1.				
Name of College/University		City, State, ZIP		Enrolled
1.				Yes No
Please list the colleges or universities to which you have applied on lines 2 – 4 and indicate whether or not you have been accepted.				Accepted
2.				Yes No
3.				Yes No
4.				Yes No
Please State Your Intended Major In College:				
Projected Graduation Date (Month/Year):				

Beginning with the current year, list any awards or honors received. Limit all activities, awards or honors, and work experience to the last four years.

In the space provided, please state your short and long term goals and any special circumstances or financial need you may have that you feel should be considered in the selection process.

Affidavit: The signature below affirms that all information provided in this application is true and complete to the best of my knowledge.

Signature of Applicant

Date