



Chippewa County Department of Public Health

711 N. Bridge Street • Room 222 • Chippewa Falls, WI 54729 • (715) 726-7900
1-800-400-3678 (Rural) • FAX (715) 726-7910
E-mail: health@co.chippewa.wi.us

February 13, 2009

Micheline Belger Dean's Assistant
School of Nursing U of W-Eau Claire
105 Garfield Ave PO Box 4004
Eau Claire, WI 54702-4004

Dear Ms. Belger:

It's time again to think about prospective nursing students and to let them know about the Vennard Scholarship. As you know, Doris Vennard, a previous resident of Chippewa County, established in her Last Will and Testament a trust to be used for scholarships for worthy and needy Chippewa County high school, post-secondary school, and adult students who meet the trust requirements and are committed to pursuing nursing as their career.

Enclosed are applications for the scholarship. The Committee would appreciate your distribution of the forms to students who may be interested. Please feel free to make additional copies of the forms as needed. The completed applications should be postmarked to our agency or delivered to our agency no later than March 31, 2009.

Thank you for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jean C. Durch".

Jean C. Durch, Chair
Doris Vennard Scholarship Committee

c. Carol Gienapp, Community Foundation of Chippewa County

DORIS VENNARD NURSING SCHOLARSHIP APPLICATION

**APPLICATIONS POSTMARKED OR DELIVERED AFTER MARCH 31, 2009
WILL NOT BE CONSIDERED FOR 2009 AWARDS**

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Application is to be fully completed by applicant. Indicate N/A for all sections that do not pertain to applicant.
2. Online application is available at www.co.chippewa.wi.us/ccdph
3. Type or print clearly.
4. Attach the following:
 - a. A transcript of courses completed or in process - high school (if a senior in high school or a first-time applicant), college (if enrolled and at least one semester completed)
 - b. Documentation of acceptance to school of higher education and/or school of nursing.
 - c. A statement describing your commitment to the nursing profession, including educational background, financial need, future plans, and other pertinent information about yourself that you would like the committee to consider (approximately 200 words)
 - d. The release on page 2 must be signed permitting your college's financial aid officer to release your financial information to the scholarship selection committee, if requested.
5. Send or deliver completed application to:
Jean C. Durch, RN, MPH, Director
Chippewa County Department of Public Health
711 N. Bridge St., Rm. 222
Chippewa Falls, WI 54729
Faxed Applications also accepted at; (715) 726-7910
Email applications can be sent to jdurch@co.chippewa.wi.us

Applicant's Name _____ Previous name (if applies) _____
Social Security Number _____ Phone _____
Email Address: _____
Home Address _____ ZIP _____
Number of years I have been a resident of Chippewa County _____
Age _____ Marital Status _____ # of Dependents _____ Currently employed? Yes _____ No _____
Name of current or last employer _____
Position held _____ Salary \$ _____ per _____

FAMILY INFORMATION

Name of parent(s), guardian or spouse (only if living in same household): _____
Relationship: _____
Number of family members in same household: _____ Family's Gross Income: _____

<u>Place of Employment</u>	<u>Position</u>
Father: _____	_____
Mother: _____	_____
Spouse: _____	_____
Guardian: _____	_____

HIGH SCHOOL APPLICANT ATTENDED OR IS NOW ATTENDING

Institution's Name: _____

Grade Point Average _____

Composite ACT Score _____

CURRENT ACADEMIC CLASSIFICATION

___ High School Senior ___ Nursing School 1 2 3 (circle)

___ College 1 2 3 (circle) ___ Other (specify) _____

___ Vocational School 1 2 (circle)

EDUCATIONAL INSTITUTION PLAN TO PURSUE DEGREE

Institution's Name _____

Accepted by Institution? Yes / No

Accepted by Nursing Program? Yes / No

Beginning date: _____

Address _____ ZIP _____

Degree Sought _____ Expected date of graduation _____

Amount of tuition/fees per year \$ _____

Amount of room and board per year \$ _____

Additional Expenses (books, uniforms, etc.) \$ _____

Total Expenses \$ _____

Source and amount of funds available for year in which scholarship is requested:

Parents \$ _____ Own Income \$ _____

Scholarships \$ _____ Savings \$ _____

Other Income (Spouse, loans, grants, (please specify) _____ \$ _____

Total amount of funds available: \$ _____

Indicate for which semester funds would be used _____

I give permission for the Doris Vennard Scholarship Fund Selection Committee to receive financial aid information pertinent to the selection of the Vennard Scholarship recipient from

_____ Name of School

Signature _____ Date _____

APPLICATION FOR DORIS VENNARD NURSING SCHOLARSHIP

From the will of Doris Vennard -

"The principal and income there from shall be used by my Trustee to establish scholarships for worthy and needy high school graduates, who are residents of Chippewa County, Wisconsin only, who will be pursuing a one to four year degree in the nursing profession. Such funds are to be used to provide for the payment of tuition and text book expenses, and in case of true hardship room and board will be provided, until a student has completed their selected program, so long as a student maintains a passing grade point average, and until the Trust funds are exhausted.

The candidates for such scholarships shall be selected on the basis of no other scholarships being available to them and no parental financial ability to help them in their tuition and text book expenses."

dorisvennardapplicationform2 2009