

**General Federation of Women's Clubs – Indiana Federation of Clubs**

**NORTH WEST DISTRICT  
HEALTHCARE PROFESSIONAL  
SCHOLARSHIP APPLICATION**

The GFWC IFC Nurses Scholarship was created as a result of a shortage of nurses due to World War II, when women were enrolling in nursing schools as a way to show their patriotism. Members of GFWC IFC saw the need to financially assist these women, thus the scholarship remains today.

*However, considering today's shortage of not only nurses but all levels of health field workers, members of the GFWC IFC North West District & the Scholarship Committee has agreed to rename the **scholarship** to read **HEALTHCARE PROFESSIONAL SCHOLARSHIP**. We strongly believe this will open the door to other high school seniors pursuing careers in other medical fields.*

On behalf of GFWC IFC North West District, the Scholarship Committee encourages you to submit your completed application to your local GFWC IFC club!

\* \* \* \* \*

This application is open to any graduating high school senior or non-traditional student, whose plan includes attending a college or university in pursuit of a Bachelor of Science Degree in an accredited HealthCare Professional Program. It is important for the student filling out this application to be very thorough and specific when answering the questions.

**Requirements for a graduating senior** are as follows: a written essay explaining why the student has chosen nursing/healthcare as a career (student's signature required); provide a written recommendation from a Guidance Counselor/Teacher/Principal; provide a high school transcript; obtain the signature of the President of the sponsoring GFWC IFC Woman's Club.

**Requirements for a non-traditional student** are the same as listed above; however, copies of records and/or grades from a previously attended school must be attached. The application must be returned to the President of the sponsoring club no later than **May 1st of the current year**.

The information provided is a foundation for which the Scholarship Committee uses to determine the recipient of the scholarship. The winning entry will be notified by mail & will be invited to be our guest at the North West District's Fall Conference Luncheon. The scholarship award will be sent directly to the Bursar's office of the college/university to which the student has been admitted.

For additional information, contact your local high school Guidance Counselor or the local GFWC IFC Woman's Club. All information provided on this application will be considered strictly confidential.



**NORTH WEST DISTRICT  
HEALTHCARE PROFESSIONAL SCHOLARSHIP APPLICATION**

Date: \_\_\_\_\_

**STUDENT INFORMATION**

Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Birthday: \_\_\_\_\_ Home Phone: \_\_\_\_\_

College/University chosen: \_\_\_\_\_

What Degree do you plan to receive: \_\_\_\_\_

Please check one: \_\_\_\_\_ Two Year Program      \_\_\_\_\_ Four Year Program

Please check one: \_\_\_\_\_ I plan to live in college/university housing on campus

\_\_\_\_\_ I plan to commute from home

Please explain what financial plans you have made for meeting college expenses:  
(i.e., working while in college, other scholarships, financial aid)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**STUDENT INFORMATION *continued***

Applicant's Full Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Class standing or ranking: \_\_\_\_\_

Grade point average: \_\_\_\_\_

Honors received: \_\_\_\_\_

Clubs and Organizations in which you were involved: \_\_\_\_\_

\_\_\_\_\_

Offices held: \_\_\_\_\_

**FAMILY INFORMATION**

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Mother/Guardian Name

Family Income:     \$25,000 - \$29,000 annually     \$30,000 - \$39,000 annually  
                          \$40,000 - \$49,000 annually     \$50,000 - \$59,000 annually  
                          \$60,000 - \$69,000 annually     \$70,000 + annually

Names & Ages of Siblings:  
\_\_\_\_\_  
\_\_\_\_\_



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**This page is to be completed by the GFWC IFC North West District  
President of your Local Club**

APPLICANT'S FULL NAME: \_\_\_\_\_

Sponsoring local GFWC IFC Woman's Club: \_\_\_\_\_

County \_\_\_\_\_

Local Club President's Name, Address, Phone Number:

\_\_\_\_\_  
President's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
President's mailing address

**Local Club President's Signature:**

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Note to Student:**

**Please review your application and mail the completed application, with your  
signed Essay & transcript, to the above address, no later than May 1st.**

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**NORTH WEST DISTRICT  
HEALTHCARE PROFESSIONAL SCHOLARSHIP APPLICATION**

This page should be typed & completed by the Student  
*(You may add additional pages as necessary)*

*Application Deadline: May 1st*

**APPLICANT'S NAME:** \_\_\_\_\_

**STUDENT'S ESSAY**  
*(Student's signature required)*