



2019 Sister  
Mary Jeannette  
Wess, S.N.D.  
Scholarship  
Application



# Applicant Requirements

- Must be pursuing a Bachelor's degree or higher at an accredited college or university.
- May be an undergraduate or graduate level student in any degree plan.
- Must be junior level or above by Fall Semester, 2019.
- Must have graduated from a high school in one of the following St. Claire service-area counties:

Rowan                  Carter                  Lewis                  Wolfe                  Bath                  Magoffin  
Fleming                  Morgan                  Elliott                  Menifee                  Montgomery

- Must be able to demonstrate academic achievement, leadership, service, and financial need.

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Business Name (if currently employed) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Hometown \_\_\_\_\_ Graduated from \_\_\_\_\_ High School in \_\_\_\_\_ County

Is anyone dependent on you for financial support? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list them and the extent of support you provide: \_\_\_\_\_  
\_\_\_\_\_

Are you eligible or have you received financial aid or scholarships from other sources, such as government rehabilitation services, Veterans Administration, inheritance, business firms or organizations, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify sources and amounts: \_\_\_\_\_  
\_\_\_\_\_

Give information concerning current or last school(s) attended:

Name of school	City & State	Date entered	Date left	Diploma/degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please attach a grade transcript from current or most recent school attended. If a transcript is not attached, please attach an explanation and list last year's grades.**

List any special offices, awards, honorary societies, or extracurricular/service activities that you feel are important.

---

---

---

---

What school are you attending or planning to attend? \_\_\_\_\_

Date school begins \_\_\_\_\_ Date financial aid is needed \_\_\_\_\_

When will you graduate? \_\_\_\_\_ Number of hours accumulated toward your degree \_\_\_\_\_

**Please ask three people (you may include teachers, employers, clergy, etc.) for a letter of reference and enclose them with this form.**

Please list your employment history beginning with your most recent employer.

Company name \_\_\_\_\_ Your duties \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Your duties \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Your duties \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Please include on separate paper why you want to pursue your career. Include any information that you would like the Sr. Mary Jeannette Wess, S.N.D. Scholarship Committee to know about you, your experience, your interests and hobbies. Also include your ideas on how your profession could serve in a healthcare setting and how you might envision yourself in such a career. (Please limit narrative to two pages.)**

Would you be willing to appear before the Sr. Mary Jeannette Wess, S.N.D. Scholarship Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete your budget for one school year:

Tuition & fees	_____	Personal savings	_____
Books & materials	_____	Earnings during summer	_____
Room & board	_____	Aid from parents/guardian	_____
Lunches & travel	_____	Aid from other relatives	_____
Installment debt	_____	Scholarships	_____
Other expenses (itemize)	_____	Other resources (itemize)	_____
	_____		_____
	_____		_____
	_____		_____
<b>Total expenses</b>	_____	<b>Total resources</b>	_____

**Difference needed** \_\_\_\_\_

Applicant:

I certify that all information provided on this application is complete and correct and permit members of the Scholarship Committee to contact any employer or reference listed on this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**This application must be returned by Friday, May 24, 2019, to Tom Lewis, St. Claire Foundation Executive Director, in one of the following ways:**

- Via mail at 222 Medical Circle, Morehead, KY 40351
- Via fax at (606) 783-6795
- Via email at [telewis@st-claire.org](mailto:telewis@st-claire.org)
- Hand deliver to the St. Claire Foundation Office, 227 Allen Avenue, Morehead, KY

**Your Application Packet should include:**

- Personal cover letter
- Completed Application Form
- Three reference letters
- Official grade transcript

**If you have questions, please contact Tom Lewis via email at [telewis@st-claire.org](mailto:telewis@st-claire.org) or by phone at (606) 783-6511.**