

A. B. Dick Jr. Scholarship

Marion Warner Hodgkins
Scholarship

Helen Dick Bronson
Scholarship

Christina Schulte Fisher
Scholarship

Scholarship Application Instructions and Checklist

Applicant's full name: _____

Carefully review scholarship descriptions, eligibility requirements and policies in the cover letter.

All sections must be completed. If a section is not relevant, please write "Not Applicable." The committee will only consider fully completed applications.

Please save the completed application form as a PDF document with your full name, last name first (example: Smith, Jesse E.), and email it to lfwomensboard@gmail.com.

The deadline for submission is **March 15, 2024**. You must email all required documents in PDF format to lfwomensboard@gmail.com. Please put your full name in the subject line. We are no longer accepting hard copies of any part of the application. Incomplete applications will not be considered. There will be no exceptions.

Required documents:

- Completed application
- One-page profile (see instructions at the end of the application)
- Unofficial transcript from your most recent school that includes all coursework
- If you are not currently enrolled, please submit a copy of your official acceptance letter from both your institution and program
- Two reference forms (see separate document and instructions)

Reference forms and transcript must be submitted by the March 15, 2024, deadline. It is your responsibility to ensure your references arrive on time. **Note: Reference forms must be returned by the reference writer, not the applicant.**

To check on the status of an application, please contact Julie Peters at lfwomensboard@gmail.com or 847.809.0111, or Karin Mohar at kmohar@nm.org or 847.535.6921.

Personal information

Name (first, middle, last): _____ Date of birth: _____

Home address: _____

Phone: _____

Email: _____

How would you prefer to be contacted? (Please check only one.) Email Phone (Text)

Northwestern Medicine Lake Forest Hospital affiliation

What is your employment status? (Please check) Employee Volunteer Immediate family member of employee

Please list your position and date of employment, if applicable.

_____ Date: _____

_____ Date: _____

If you are an immediate family member of a Lake Forest Hospital employee, complete the following with the employee's information.

Name: _____ Position: _____

Relationship to applicant: _____

Occupational information

1. List jobs you have held in the past three years (most recent first) and please note if it is full-time or part-time position.

Employer	Dates	Position	Salary	Full-time or part-time?

2. List health- and science-related fields or activities for which you have volunteered in the past three years.

Organization	Dates	Position

Educational information

1. What is your professional goal? (For example: Nurse, physical therapist, physician)

2. List the undergraduate or graduate program and institution you will be attending in the fall of 2024

3. What is your expected graduation date? _____

4. In fall 2024, what will your academic level be?

Nursing school Medical school Clinical health care Other program

5. What will your school status be? Full-time Part-time

6. If part-time, what else will you be doing?

7. What is your current grade point average (GPA)? (Indicate scale of 4.0 or 5.0.) _____

8. List schools attended from high school to the present and degrees or diplomas granted.

School	Years attended	Degree or diploma	Honors received

4. Do you have any scholarships or grants that will be put towards your tuition this year? Yes No

Name	Amount

Family information

1. Marital status: Married Single

2. Spouse's name: _____

Occupation: _____

Place of employment (name and address):

Women's Board scholarship information

1. Have you ever applied for a Women's Board Scholarship? Yes No

If yes, what years did you apply? _____

2. Have you received a Women's Board Scholarship? Yes No

If yes, please list the years and what award amounts you received below.

Year	Scholarship	Amount

3. Please list the two people who will write your reference forms:

Full name _____

Full name _____

Position _____

Position _____

Contact email _____

Contact email _____

Personal statement

Please write a one-page profile that includes:

- Your occupational choice
- Your qualifications for this occupation
- Your long-term goals
- Any special considerations

Complete applications must be submitted to lfwomensboard@gmail.com by March 15, 2024.
Thank you for your application.

