



LAKE CHELAN HEALTH & WELLNESS FOUNDATION

P. O. BOX 1911; CHELAN, WA 98816

Phone (509) 682-6125; email: foundation@LCHealthwellness.com

DEADLINE SEPTEMBER 1, 2018

\$500 Annabel Lee Fletcher Nursing Education Scholarship

The Annabel Lee Fletcher Nursing Education Scholarship Fund was established in 2009 in memory of Annabel Fletcher, RN, and longtime resident of the Chelan area who passed away in 2007. The scholarship will be awarded to a person currently enrolled in a nursing program or to a professional caregiver who is continuing their education in nursing. Recipients will be chosen on merit, need and qualifications upon application.

I. ELIGIBILITY REQUIREMENTS

Applicants:

- 1) Must be a resident, graduate or have been employed in the Lake Chelan area for a minimum of one year.
- 2) Must plan to attend an accredited nursing school or class.
- 3) Must submit school/course/class description and cost breakdown.
- 4) Must submit latest appropriate transcript of grades, i.e. H.S. or College
- 5) Must maintain satisfactory grades at the college level.
- 6) Must have two current, signed and dated letters of recommendation.

II. USE OF FUNDS

Funds are ordinarily awarded for tuition or registration only. In some cases funds may be issued for other purposes, but should always be used as specified by the committee.

III. PROCEDURES

- 1) Submit completed application and any other required materials to the Lake Chelan Health & Wellness Foundation office, P. O. Box 1911, Chelan 98816, by the deadline specified.
- 2) The Scholarship committee will screen and review all applications and make selections. The committee reserves the right to reject any or all applications based on qualifications, purpose or availability of scholarship funds. Partial scholarships may be given. Applicants may re-apply for scholarships at appropriate intervals.
- 3) The Scholarship committee, upon selection of recipients, will authorize a check for the dollar amount of the scholarship to be applied in the manner approved. Scholarship funds will be sent directly to appropriate school unless otherwise approved by the committee.
- 4) Scholarship recipient will be notified of acceptance in writing. If the scholarship applicant does not attend the school named in the application, funds must be returned to the Foundation. A student may be reconsidered for a scholarship at a future date.
- 5) Announcement of scholarship winners will be made public after the Foundation Board has been notified. Awardees are asked to provide a current photo for inclusion in press releases.

**LAKE CHELAN HEALTH & WELLNESS FOUNDATION
ANNABEL LEE FLETCHER NURSING EDUCATION SCHOLARSHIP APPLICATION**

NAME _____ **SS #** _____ **or school I.D.** _____

ADDRESS _____

Email address: _____

HOME PH. _____ **WORK PH.** _____ **CELL PH.** _____

LENGTH OF RESIDENCE IN LAKE CHELAN AREA? _____

PARENTS/SPOUSE/GUARDIAN (If dependent) _____

NAME and ADDRESS OF SCHOOL YOU PLAN TO ATTEND:

MAJOR COURSE OF STUDY _____

HAVE YOU BEEN ACCEPTED? yes _____ no _____

YEAR TO BE ENROLLED? (1st, 2nd, 3rd, 4th, Post-Graduate, etc.) _____

TRAINING EXPENSES:

Tuition \$ _____ Per (Class) (Quarter) (Semester) (Year) **circle one**

Number of credit hours enrolled per term _____

Cost of Lab Fees \$ _____ Cost of Books \$ _____ Other fees \$ _____

Other (describe) _____

FINANCIAL INFORMATION PERTINENT TO EDUCATIONAL GOALS:

(Scholarships, grants, savings, family or employer help, financial responsibilities, etc.) _____

I AM CURRENTLY ATTENDING _____

MY MAJOR COURSE OF STUDY IS: _____

EDUCATIONAL BACKGROUND:

School	location	dates	field of study/degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE YOU CURRENTLY EMPLOYED _____ **EMPLOYER** _____

HOURS WORKING PER WEEK _____

DO YOU PLAN TO CONTINUE WORKING WHILE IN SCHOOL _____

EMPLOYMENT HISTORY: (please list latest employer first)

Employer	Address	Responsibilities	date
_____	_____	_____	_____
_____	_____	_____	_____

