

"Terms and Conditions of the DAVID & EULA WINTERMANN FOUNDATION"

- 1. Scholarship is for four-years: \$4,000.00 per semester with a \$8,000.00 per year maximum.**
- 2. The field of study is to be nursing or another field directly related to medicine.**
- 3. Should the recipient decide to change their field of study to any other field, they must contact The Foundation immediately to discuss this change and to see if they will continue to qualify for the scholarship. If it is determined that the recipient no longer qualifies, all benefits will be forfeited.**
- 4. Should the recipient fail to maintain the scholastic average necessary to continue studies in the medical field which they have chosen, all benefits will be forfeited.**
- 5. A copy of the transcript, showing their academic progress, is to be delivered to the President of the Wintermann Foundation before receiving payment for the following semester.**

APPLICATION FORM

WINTERMANN FOUNDATION SCHOLARSHIP

NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____ AGE _____

PARENT'S NAME _____ DATE OF BIRTH _____

GRADE POINT AVERAGE _____ SAT: CR _____ MATH _____ TOTAL _____

APPROXIMATE RANK IN CLASS _____ ACT COMPOSITE SCORE _____

LIST THE MEMBERS OF YOUR IMMEDIATE FAMILY

RELATION	AGE	ADDRESS	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST HONORS YOU HAVE RECEIVED WHILE ATTENDING HIGH SCHOOL:

LIST ACTIVITIES YOU HAVE PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL:

WHAT COLLEGE HAVE YOU APPLIED TO? HAVE YOU BEEN ACCEPTED?

1ST CHOICE _____	LOCATION _____	ACCEPTED _____
2ND CHOICE _____	LOCATION _____	ACCEPTED _____
3RD CHOICE _____	LOCATION _____	ACCEPTED _____

WINTERMANN FOUNDATION SCHOLARSHIP (CONT'D)

WHAT STEPS HAVE YOU TAKEN TO MEET THE ENTRANCE REQUIREMENTS OF THE COLLEGE(S) YOU HAVE LISTED? _____

WILL YOU STILL PLAN TO ENTER INTO A HEALTH CAREER TRAINING PROGRAM EVEN IF YOU DO NOT GET THIS SCHOLARSHIP?

YES _____ **NO** _____

WRITE A BRIEF STATEMENT TELLING WHY YOU WOULD LIKE TO ENTER INTO THE NURSING OR MEDICAL CAREER FIELD. USE THE BACK OF THIS PAGE IF NECESSARY.

INCLUDE A 7-SEMESTER TRANSCRIPT AND A COPY OF SAT/ACT SCORES.

IN SIGNING THIS APPLICATION THE APPLICANT VERIFIES THAT HE/SHE HAS READ AND IS FAMILIAR WITH THE TERMS OF THE WINTERMANN FOUNDATION HEALTH CAREER SCHOLARSHIP PROGRAM.

SIGNATURE _____ **DATE** _____