Helen Biery Memorial Scholarship

For a graduating senior from an Ohio County high school. The recipient must enroll in an accredited program providing education and training in nursing and/or related medical care profession.

Application Deadline: February 21, 2020

Application Guidelines – Carefully read this page to ensure your application is complete. Please complete the application as presented. Do not include materials that are not requested.

CHECKLIST

☐ Activities Form – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. Do not attach resumes or other similar documents.

☐ Letter of Recommendation – Ask evaluator to complete form and return to you in a sealed envelope with evaluator’s signature. Include the recommendation with all other application materials. Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.

☐ Academic Certification Form – Have appropriate school official complete form and return it with other application materials.

☐ Personal Essay – Please attach a personal essay.

Mailing Address/Office Location:

CFOV
1226 Chapline Street
Wheeling, WV 26003

*applications must be received by February 21*
Application Form: Helen Biery Memorial Scholarship

PERSONAL INFORMATION
Name: ____________________________________________________________

Permanent Address: ____________________________________________________________

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<th>Street or PO Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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What county do you live in? ___________________________  U.S. Resident? □ Yes □ No

Date of Birth: _______/_______/_______  Telephone: ________________________________

Email: ________________________________________________________________

ACADEMIC INFORMATION
Name of high school: ________________________________________________________

Name of school counselor: ____________________________________________________

High School Phone Number: (______) _______ - _______

UNIVERSITY INFORMATION
Name of college/university in which you plan to enroll:

__________________________________________________________

Name                  City                  State

Have you been accepted? □ Yes □ No

Will you be full-time (12 or more credit hours) this fall? □ Yes □ No

Anticipated major or area of study: _____________________________________________

Do you plan to live: □ on campus □ off campus □ commute □ unknown

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?
□ Yes □ No
Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

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<th>Extracurricular Activities</th>
<th>Year</th>
<th>Position Held</th>
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<th>Awards and Honors</th>
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<th>Work Experience</th>
<th>Dates of Employment</th>
<th>Position Held</th>
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3
Recommendation Letter

Signed and sealed letter must accompany this application.

Name: ____________________________________________________________________________________________________

Relationship: __________________________________________________________________________________________________

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. Your recommendation must be completed by someone other than your parents, immediate family or school counselors.

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (pursuit of nursing/related career).

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

Remember, this scholarship is intended to benefit a recipient pursuing a career in nursing or other related medical care profession. Your essay should demonstrate your understanding of the scholarship’s intention.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature __________________________________________ Date ____________________________
Letter of Recommendation Form

Application Deadline: February 21, 2020

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant’s character, school, and community leadership abilities, potential to succeed, and evidence of the student’s strengths and weaknesses should not exceed one page.

Remember, this scholarship is for the benefit of a student pursuing a career in nursing or other related medical care profession. Your letter should demonstrate your understanding of this scholarship’s intention and how the applicant reflects those intentions.

I am writing this evaluation on the behalf of __________________________________________________________

Evaluator’s Name: ____________________________________________________________________________

Telephone Number: (_______) _______ - _______

Relationship to applicant: ______________________________________________________________________

How long have you known the applicant? ______________________________

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.
Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

_High School Applicants_
Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student’s Name: ________________________________
School: _______________________________________

Current Class Rank: ________
Current Cumulative GPA: ________

**SAT Scores (single test date)**
Date of Test: ________________
Verbal: ________________
Math: ________________
Combined: ________________

**ACT Scores (single test date)**
Date of Test: ________________
English: ________________
Math: ________________
Reading: ________________
Science: ________________
Composite: ________________

Person completing this form: ________________________________
Title: ____________________________________________________
Signature: ____________________________________________ Date: ________________