

## Helen Biery Memorial Scholarship

For a graduating senior from an Ohio County high school pursuing nursing and/or a related medical care profession.

Application Deadline: February 17, 2021

**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 17\****

# Application Form: Helen Biery Memorial Scholarship

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**Street or PO Box** **City** **State** **Zip**

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:

\_\_\_\_\_

<b>Name</b>	<b>City</b>	<b>State</b>
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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.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

# 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

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**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 maintain 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.

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# 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.

**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: \_\_\_\_\_