**DEPARTEMENTAL d’ILLINOIS**

**8 AND 40**

**NURSES SCHOLARSHIP**

SCHOLARSHIPS TO BE AWARDED – 4 $1,500

1. Respiratory Therapist

Committed to Pediatrics

1. Nursing Students

A. 2 year Students committed to Pediatrics

B. 4 Year Students committed to Pediatrics

C. Returning Nurses – Specializing in Pediatrics

Information Folder must be returned to Salon Nurses Scholarship Chairman by June 1st.

After Salon makes final selection, it should be forwarded to Departemental Nurses Scholarship Chairman by June 10th.

Rules revised July 2024

Floann Clark, Chairman

**SALON RULES**

1. Important to Remember: your Petit Salon MUST contribute to the Nurses Scholarship fund each year by December 1st to qualify for sponsoring an applicant.
2. Your Salon may only sponsor ONE applicant for a Nurses Scholarship. If you have more than one applicant, you must hold an eliminating judging on the salon level or find another salon to sponsor one of the applicants.
3. A letter of recommendation from the Salon Chapeau (President) must be included with the application.

BASIS FOR JUDGING – PLEASE SEE APPLICANT RULES FOR EXPLANATION OR CLARIFICATION.

1. Commitment to a nursing career – 25% - based on the applicant’s essay as required detailing their determination, desire, adaptability, stamina and attitude.
2. Character rating - 25% - based on the applicant’s three letters of recommendation detailing their morality, legal and mental accountability, and trustworthiness.
3. Financial need – 30 % - based on the applicant financial information.
4. Scholarship rating - 20% - based on the applicant’s grade transcripts.

The Application and the applicant rules are enclosed with these salon rules. Additional applications may be photocopied or you can contact your salon for more.

Completed applications with all required documentation and salon signatures must be sent to the Departmental d’Illinois Nurses Scholarship Chairman by June 10th.

**APPLICANT RULES FOR THE NURSES SCHOLARSHIP**

1. Applicants must be seeking a career in Nursing or respiratory Therapy with emphasis in pediatrics and currently accepted into an accredited nursing program or enrolled in called required for the nursing program.
2. Scholarships are awarded only to individuals in an accredited school or hospital program.
3. Any applicant who has previously received an 8 and 40 Nurses Scholarship may apply again.
4. This application must be processed through an 8 and 40 salon in Illinois.
5. Included with the application must be:
   1. The applicants essay stating their intent for choosing a nursing career
   2. Three (3) letters of recommendation detailing the applicants qualifications – character, volunteer history and need for financial assistance
6. The Chapeau of the sponsoring 8 and 40 Salon.
7. A school official of the current or recently graduating institution.
8. Adult citizen or clergy, other than a relative, attesting to the applicant’s character in regards to conduct, citizenship and leadership.
   1. Grade Transcripts
   2. The name and address of the school or the hospital the applicant attends or is planning to attend.
9. The completed application with all the required attachments must be submitted in a folder to the Sponsoring 8 and 40 Salon no later than June 1st. The Salon Nurses Scholarship Chairman will then forward it to the Departmental Nurses Scholarship chairman by June 20th for the final selection.
10. Successful applicants MUST have the School or Hospital send verification of their enrollment to the Current Departmental Secretaire Louise Jones, 904 W. Main St, Fairfield, IL 62473.
11. The full amount of the scholarship will be paid in one payment directly to the school. Each successful applicant will be required to send a letter of accomplishments/grades at the end of their first year. In the event he/she does not complete the first year of school as planned, arrangement must be made with the Department Secretaire with in thirty (30) days for repayment of the full $1500 scholarship.
12. Checks will not be issued until a proof of enrollment letter from the applicant’s school is received by the Departmental Secretaire. This is different from an acceptance letter. This will verify enrollment into classes.

**APPLICATION FROM NURSES SCHOLARSHIP FOR 8 AND 40**

This application and all supporting documentation must be submitted to the SPONORING 8 and 40 Salon by June 1st.

The Sponsoring Salon must send the completed application with required documentation and Signatures to the Departmental d’Illinois Nurses Scholarship Chairman by June 1st.

1. Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_ Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and Address of Parents or Guardians

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and address of most recently attended school

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4.Name and address of hospital/school you plan to attend

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.State plans for financing nurses training in addition to this scholarship  
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1. Anticipated date of graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Please be sure to attach all items required as described by #5 of the applicants rules.

1. Essay Stating reason for choosing a nursing career
2. Three letters of recommendation – Sponsoring Salon Chapeau, School, Clergy/Adult
3. Grade transcripts
4. Name and Address of hospital/school you plan to attend

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted By:

Salon Name and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Salon Chapeau \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapeau Name – Typed or printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapeau’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapeau’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attested by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of La Secretaire

Amount contributed by Salon to Nurses Scholarship Program by Spring Pouvoir$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification of Contribution by Signature of Departmental LaCaissiere

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