

**LaSalle County Voiture 378  
LA SOCIETE DES 40 HOMMES ET 8 CHEVAUX  
Nursing Training Scholarship  
Rules and By-Laws**

**Purpose:** To encourage and educate individuals into becoming registered nurses.

**Eligibility:** Applicants must reside inside LaSalle County or be a high school Student within LaSalle County

**Requirements:** Scholarship shall be based on applicant's financial needs first and Educational grades second.

1. Grades based on Education Dept., Federal, State, and County guidelines
2. Grades shall be from regular school courses and college entrance tests and transcripts.
3. Applicants must be accepted by the college or nursing institution the student is planning to attend.
4. Applicant must intend to be a full time student. (12 semester hours). The committee can accept less semester hours if students in clinical studies and lab. It must be a majority agreement of committee members present.
5. Financial need, both personal and family shall be considered.
6. Applicant must inform the committee of any scholarships already received.
7. Personal interview. The applicant must meet with the committee to review personal requirements. The interview is mandatory and if not attended by the applicant, they will not be eligible for a scholarship.
  - a. If applicant has a good and reasonable excuse for not being able to attend, the committee will attempt to hold an interview at a later date.
8. The scholarship shall be awarded only to an applicant who intends to become a registered nurse and not given to an applicant who applies for it who is going for a doctorate or for higher education. (The purpose of the program is to secure more nurses for hospitals or communities.)

**Committee:** The committee shall be composed of the Voiture's Chef de Gare, Correspondent, Chairman, Treasurer and three additional Voyageurs.

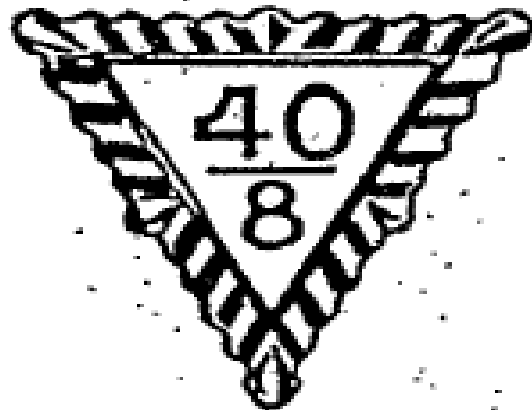
- 1. The committee shall be kept at a full strength of seven members, so that there can be no tie votes.**
- 2. The committee shall meet at least one week before personal interview, in order to review applications and make initial selections.**
- 3. Immediately after personal interviews, the members will vote on applicants and determine who will receive scholarships.**
- 4. Committee chairman shall initiate in contacting the LaSalle County Superintendent of Schools for the purpose of getting letters out to the County high schools. He shall receive the applications and keep them in his own private files. He shall notify the applicants and committee members of the interview date, time and place. He shall notify all applicants as to whether or not they have been awarded a scholarship. He shall receive complaints of schools that do not announce to their students the availability of the scholarships, and shall either personally investigate or appoint a representative to do such investigating.**
- 5. Committee Treasurer shall receive, invest and pay out the funds pertaining to the Nurses Training Program. All such invested funds shall be held in an account of accounts requiring the signature of the Treasurer and one other elected Voyageur to close out each account.**

**Committee Guidelines:**

**If the Committee finds that none of the applicants are in financial need, then no scholarship will be given. Each scholarship shall be for an amount of \$250 to \$500 each, depending on funds available. The Committee shall have the right to issue scholarships of lesser Amounts in order to increase the number and providing tuitions in question are low enough. An applicant can only receive a second scholarship based on strictly on financial need. Race, color, sex or nation origin shall not be factors in the awards.**

**THE PRIVACY ACT OF 1974 ( 5 U.S.C. 552a) shall govern all actions of the Committee members and they cannot give out any information of the committee's actions, vote or reasoning, nor of applicants themselves, grades, finances or any other facts pertinent to the committee or its findings. The Chairman shall be responsible to the membership of the Voiture for all the Committee's actions or findings.**

**La Societe des Quarante Hommes et Huit Chevaux-**

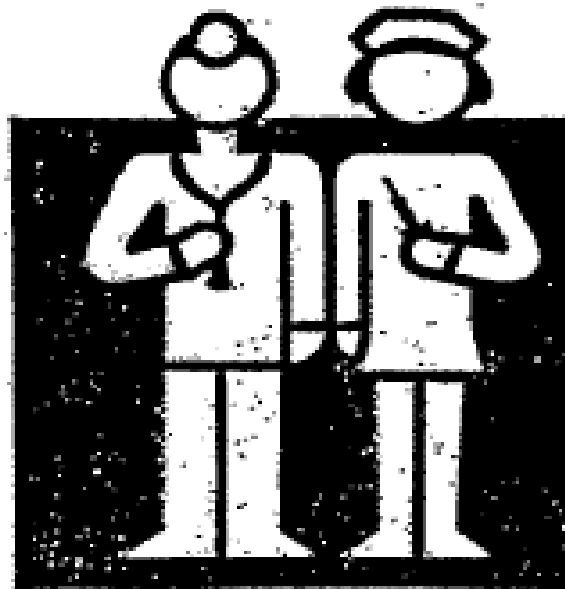


**APPLICATION FOR SCHOLARSHIP GRANT**

from

**Voiture Locale 378 LaSalle County**

**Grande Voiture Du Illinois**



**LASALLE COUNTY VOITURE 378-40 & 8 NURSING SCHOLARSHIP**

**LASALLE COUNTY VOITURE 378-40 & 8 NURSING SCHOLARSHIP  
INSTRUCTIONS FOR COMPLETION:  
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION:**

- 1. Completed application**
- 2. A letter from the student, addressed to the “Scholarship Committee of the LaSalle County Voiture 378-40 & 8 “requesting consideration as an applicant. (The student’s phone number must also be included in the letter so the scholarship committee can contact him or her.)**
- 3. Transcript of school records. (High school transcripts if applicant has not yet entered college or nursing school; college transcripts if applicant is attending college or nursing school.)**
- 4. Letter of acceptance into the nursing program from the college to be attended must be submitted with each letter of new students.**
- 5. Application deadline: May 24–2019**

**Applications for this scholarship should be returned to the office of:**

**John T. Liles  
312 Illini Dr.  
Tonica, IL 61370**

**NO LATER THAN MAY 24<sup>th</sup>, 2019**

**This scholarship is open to residents of LaSalle County only.**

**LASALLE COUNTY VOITURE 378-40/8 NURSING SCHOLARSHIP**

**APPLICATION INFORMATION:**

1. Name: \_\_\_\_\_

2. Address:

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

3. Birth Date: \_\_\_\_\_

4. Phone: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Marital Status:  Single  Married  Divorced  Separated  
 Widowed

7. List all dependents of applicant:

Name	Age	Relationship
_____		
_____		
_____		

8. Parent(s) or Guardian(s)

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

9. Parents Address:

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

10. Phone: \_\_\_\_\_

11. Dependents of Parents or Guardians:

Name	Age	Relationship
_____		
_____		

**12. PLEASE SUBMIT ON A SEPARATE SHEET YOUR PLANS AND REASONS FOR CHOOSING A NURSING CAREER.**

**EDUCATIONAL INFORMATION (Please attach a transcript of your record for each.)**

13. High school/ College:

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

**14. Address:**

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**15. Dates attended:** \_\_\_\_\_

**Degree or Diploma:** \_\_\_\_\_

**16. College:** \_\_\_\_\_

**17. Address:** \_\_\_\_\_

**18. Dates attended:** \_\_\_\_\_

**Degree or Diploma:** \_\_\_\_\_

**19. Scholastic Aptitude TEST ( SAT) Results: Verbal: \_\_\_ Math: \_\_\_ Composite: \_\_\_**

**20. Institution you plan to attend:** \_\_\_\_\_

**21. Department:** \_\_\_\_\_ **Director:** \_\_\_\_\_

**22. Have your credentials been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_**

**23. Have you applied for any other scholarship, grants or fellowships? Yes \_\_\_ No**

**Please explain:**

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**FINANCIAL INFORMATION:**

**Annual Income: Applicant:** \_\_\_\_\_

**Parents or Guardians:** \_\_\_\_\_

**Explain why you are in need of and are requesting assistance:**

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**APPLICANT'S STATEMENT**

In the event I am granted a Forty et Eight Scholarship from Voiture Locale #378, I hereby certify that:

1. I am in need of the scholarship to begin or continue my education.
2. I am, or will be, properly enrolled as defined by the Office of Registrar.
3. I will use the proceeds of the scholarship only for the payment of tuition and required fees, room and board, or similar living expenses, and other school related expenses.
4. I hereby acknowledge that the information submitted is true and correct.

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Signature of applicant

Date

**VOITURE LOCALES CERTIFICATION**

If you are granted aid, will you permit the Voiture Locale to use your name and photograph to publicize our program? If you agree, Voiture Locale #378 will use only your name and photograph. Under the PROTECTION OF PRIVACY ACT (38 U.S.C., Chapter 23), we are required to keep all information in strict confidence information cannot be released to any outside sources but shall be used by the Voiture's Scholarship Committee.

Yes, you may use my name.

No, you may not use my name.

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Signature of applicant

Date