

## **Oran S. Baker and Joanne Schulte Baker Educational Nursing Trust**

Application for Financial Assistance for 2023-2024 School Year

**Deadline:** March 31, 2023

The 2023-2024 Scholarship Application must be completed and postmarked with the following attachments by March 31, 2023 in order to be considered for the upcoming school year. If you do not have all the requirements attached, your application will not be reviewed. No courtesy calls will be made in the instance of incomplete applications. Please complete all fields on this application, even if you are reapplying for the scholarship. Please feel free to send your application by certified mail to confirm it is received by the due date, or you may call to confirm. If you drop your application off in person you may ask for a receipt.

### **Your application must include:**

- **A copy of your household's most recent annual income**  
This must be from the person who claimed the student or the student's return. This can be provided from their 1040 or the student's completed FAFSA (Free Application for Federal Student Aid Form).
- **A copy of fall/winter 2022 grades**  
We do not require an official transcript, but it is imperative that your full name and your cumulative G.P.A. are included on the grade report submitted. A separate copy of your grades is required for this application. If you have submitted your grades for another purpose do not assume they will be included for this application.
- **Essay explaining three (3) reasons you should be awarded this scholarship**

### **Please submit to:**

United Bank  
Attn: Trust Department  
514 Market Street  
Parkersburg, WV 26101

Or email to:  
scholarships@bankwithunited.com  
Please include the name of the scholarship  
as your subject line

## Criteria | Oran S. and Joanne Schulte Baker Educational Nursing Trust

Under the provisions of this trust, the following criteria has been established.

1. Applicants must be a resident of either Wood County, West Virginia or Washington County, Ohio.
2. Applicants must attend a qualified, accredited nursing school in either Wood County, West Virginia or Washington County, Ohio.
3. Applicants must enroll in all classes at one educational institution.
4. In order to continue to qualify for the scholarship, for a period not to exceed four (4) years, all recipients must maintain at least a 2.5 G.P.A. Those scholarship recipients who are already in school at the time of application must have at least a 2.5 G.P.A. and provide a copy of the grade report with the application.
5. The recipient will be responsible for providing the trustee with a copy of his or her grade report after the completion of each semester. The recipient must maintain full-time status per semester.
6. This scholarship must be used for tuition, books, or other closely related expenses, and the scholarship monies shall be distributed directly to the institution.
7. No award will be automatically renewed. Each grant will be made on an annual basis provided the recipient meets the criteria.

Having read and understanding the requirements, I accept the terms and conditions:

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**Signature**

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**Date**

United Bank and its Wealth Management Department were not involved with the development of the terms, conditions, and qualifications for this scholarship. Each scholarship fund is a legal entity separate and apart from United. The terms, conditions, and qualifications for each scholarship fund were crafted by the creator(s) of that scholarship fund. United Bank and its Wealth Management Department Group serve solely in a capacity where it administers each scholarship fund in accordance to the terms, conditions, and qualifications of the particular scholarship fund.

## **Application | Oran S. and Joanne Schulte Baker Educational Nursing Trust, 2023-2024**

### Contact Information

Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

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

County \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Parent Phone \_\_\_\_\_

Applicant Email \_\_\_\_\_

Parent Email \_\_\_\_\_

Length of time at current residence: \_\_\_\_\_

Are you related to anyone working at United Bank? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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### Prior Awards

Have you previously been awarded this scholarship? Yes \_\_\_ No \_\_\_

If yes, please complete the following, listing scholarship year and amount received.

Scholarship Year				
Award Amount				

### Education History

	Name of Institution	Address	Dates Attended	GPA
High School Attended			From To	
College Attended			From To	
Other			From To	

ACT Scores: Comp \_\_\_\_

SAT Scores: Comp \_\_\_\_



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Institution you plan on attending \_\_\_\_\_

Second choice institution \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Classification for the upcoming academic year: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

Will you be a full-time student during the school year of 2023-2024? Yes \_\_\_ No \_\_\_

If no, please explain:

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Based on your current (or researched) expenses, please list your anticipated expenses for the upcoming academic year:

Books \_\_\_\_\_ Room \_\_\_\_\_

Tuition \_\_\_\_\_ Board \_\_\_\_\_

Total anticipated expenses \_\_\_\_\_

*Please attach a letter to explain any special circumstances.*

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Please list any organizations to which you belong (i.e. civic or academic clubs), including volunteerism:

Name of Organization	Type of Involvement	Years Involved

References | *Please provide at least three. A letter of reference from each is required.*

Name	
Address	Occupation
	Relationship to you
Phone	Years Known

## Application | Oran S. and Joanne Schulte Baker Educational Nursing Trust , 2023-2024

References | *Please provide at least three. A letter of reference from each is required.*

Name	
Address	Occupation
	Relationship to you
Phone	Years Known

Name	
Address	Occupation
	Relationship to you
Phone	Years Known

Please provide a breakdown of your current debt:

Education \_\_\_\_\_      Vehicle \_\_\_\_\_      Credit \_\_\_\_\_  
Mortgage \_\_\_\_\_      Medical \_\_\_\_\_      Other \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

## **Application | Oran S. and Joanne Schulte Baker Educational Nursing Trust, 2023-2024**

Please provide information for all family members living in your household:

Name	Relationship	Age	Occupation/School

I hereby affirm that the foregoing answers and statements are true and correct and that I have not withheld any information that could, if disclosed, affect this application unfavorably.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**