

Oran S. Baker and Joanne Schulte Baker Educational Nursing Trust

Application for Financial Assistance for 2019-2020 School Year

Deadline: March 31, 2019

The 2019-2020 Scholarship Application must be completed and postmarked with the following attachments by March 31, 2019 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:

- **Page 1 of your parents 1040 for the 2018 tax year**
This must be from the parent(s) who claimed the student. If parents do not file a 1040, a copy of the summary page from the student's completed FAFSA (Free Application for Federal Student Aid Form) must be attached. This form must include income information.
- **A copy of your fall/winter 2018 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.
- **Three (3) reference letters**
These may be mailed separately to the Trust Department, as long as they are received by March 31st. This is not required if you are a current recipient of the Oran S. Baker and Joanne Schulte Baker Educational Nursing Trust.
- **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:

Signature

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.

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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 2019-2020? Yes ___ No ___

If no, please explain:

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

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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 ___

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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