

**ALL SAINTS FOUNDATION**  
**Application for the Ed and Rose DeMeulenaere Respiratory/Pulmonary**  
**Educational Scholarship**  
**Deadline Monday, January 7, 2019**

*Those seeking to begin or continue their education in the healthcare field, preferably Respiratory and Pulmonary Care are eligible to apply for scholarships, thanks to the generous support of the family and friends of Ed and Rose DeMeulenaere.*

**Scholarship Criteria\*:**

1. Individuals who wish to advance their education in the field of respiratory or pulmonary care will be considered.
2. Individuals who wish to advance their education in the field of healthcare will also be considered.
3. Financial circumstances indicating need will be considered.
4. Two letters of reference from individuals other than family members must be submitted. One letter should be from a supervisor or colleague.
5. In no event shall there be any restrictions based on race, creed, color, or sex of candidates.
6. Applicant must submit six copies of entire application

*\*Any exception to these criteria may be reviewed and considered by the Scholarship Committee.*

**Scholarship Process:**

1. Scholarship applications available via TauNet, or call All Saints Foundation at 262.687.8654.
2. The scholarship recipient may be asked to meet with the respective scholarship donor and will be asked to attend a scholarship awards reception, tentatively scheduled for March 2019.

**Required Materials for Submission:**

- Two letters of recommendation
  - One from supervisor, or colleague
  - General character reference (not a relative)
- High School transcripts showing academic performance
- Typed application (download at <http://www.mywheaton.org/all-saints/give/scholarships-grants/>)
- Typed essay not exceeding one page
- Six copies of entire application
- Signature of applicant
- All application materials must be received all at once

**Please return application to:**

All Saints Foundation  
Scholarship Committee  
c/o All Saints Foundation  
3805-B Spring Street, Suite 220  
Racine WI 53405

Ed and Rose DeMeulenaere  
Respiratory/Pulmonary Educational Scholarship

Date Submitted:

**Personal Information:**

Name:		
Mailing Address:		
Telephone: Work	Home	Cell
Present Occupation: :		

**Education Information**

Name of college or vocational school you are attending or plan to attend:	
Name and location:	
Field of Study:	
Years attended:	
Date of anticipated graduation:	
Are you attending full-time or part-time?	How many credits per semester?
Cumulative GPA on 4.0 scale:	

**Financial Need**

Describe any special circumstances concerning your need for financial aid:
Please list any other scholarships or financial awards you anticipate receiving:
If you were not to receive this scholarship, how else would you fund your education?

## Employment/Community Service

List present and former employers:

Dates:	Name and Address:	Position:

List any community service activities you have been involved in:

Organization:	Activity:

### Essay(s):

Please include an essay, **not to exceed one page typed (size 12 font)**, reflecting on any of the following topics –along with any circumstances or personal thoughts you wish the scholarship committee to consider when evaluating your application.

\*\*\*Applicants applying for more than one scholarship must include a different essay with each application.

1. Why did you choose a career in healthcare?
2. What is the most difficult challenge you've ever faced? How did you handle it?
3. What are the most important issues your field is facing today?
4. What traits do you possess that will enhance your education or future career?

I have familiarized myself with the eligibility requirements established for the All Saints Foundation Scholarships. I agree not to hold liable the scholarship committee as a whole, or its members, to any obligations, financial or otherwise, if it becomes necessary at any time to discontinue said scholarship. Scholarship checks will be mailed directly to the school. I understand that any monies awarded and not used for the purposes of this scholarship will be returned to All Saints Foundation. I authorize All Saints Foundation to release my information concerning my application and likeness for purposes of publicity if I am awarded the scholarship

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian if applicant is under age 18: \_\_\_\_\_

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For Scholarship Committee Use Only:

- Signature
- Transcript included
- Two Letters of Reference included
- Typed Application and Essay

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