MULTICULTURAL | WELLNESS | NETWORK

Promoting Healthy Lifestyles

Dear Applicant:

Multicultural Wellness Network, Inc. (MWN) is committed to helping young people succeed academically. This commitment includes ensuring that students have access to the financial resources they need to obtain a college education. MWN offers scholarship awards through the Patricia J. Gaddis Memorial Scholarship Fund.

Patricia J. Gaddis was an advanced practice nurse at the University of Illinois Chicago for thirty-four years. She was a proponent for organ and tissue donation and transplantation and worked as a supervisor and manager within the transplant center. She was a dedicated professional and strong advocate for her patients. She was a member of and held office in numerous professional organizations and was the first board president for MWN for over 10 years.

Scholarships are available to high school seniors attending a public or private high school within the service area of MWN (Lake County, Indiana and South Suburbs of Illinois). To be eligible to receive an award, recipients must have a grade point average of at least 2.5 or higher (official transcript must be submitted in the application packet). You must plan to attend an accredited college, university, or an equivalent accredited institution for higher learning majoring in the field of nursing 2024-2025 academic school year. Verification of enrollment must be provided.

Scholarship submissions must include the following items:

- Completed application
- An official transcript
- An essay highlighting your community service, leadership activities, and reasons pursuing a career in the field of nursing; 500 word minimum, typed
- Two letters of recommendation (letters must be typed and on letterhead)
- A recent photograph (photo should only feature applicant)
- Signatures from applicant and a parent or guardian

All applications must be submitted by November 1, 2023; 11:59 p.m. CST
MWNetwork20@gmail.com
Hand-delivered applications will not be accepted.

Thank you for your interest in the Patricia J. Gaddis Memorial Scholarship

P.O. Box 1556 Highland, IN 46322 ● Telephone 219-985-9504 ● Fax 219-980-8566
MWNetwork20@gmail.com ● www.mwnmottep.org ●
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APPLICANT COVER SHEET		
Attach this form to the front of your completed scholarship application.		
Name:		Date:
Address:		City:
Indiana	Zip Code:	Phone:
High School:		Overall GPA:

Scholarship Eligibility Requirements

To meet the guidelines to receive this scholarship, you must:

- Currently be a senior attending a public or private high school located in the service areas of (Lake County, IN and South Suburban Cook County, IL).
- Have a minimum grade point average of least 2.5 or higher (based on a 4.0 scale).
- Be enrolled and attend an accredited college, university, or an institution of equivalent accredited institution for higher learning majoring in the field of nursing 2024-2025 academic school year. Verification of enrollment must be provided prior to the release of funds.
- Be available for the awards ceremony.

Submit completed application to: MWNetwork20@gmail.com

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Scholarship application checklist

Use this checklist to make sure that you have submitted all the required materials to receive consideration for the scholarship. Incomplete applications will not be considered.

Your application must include the following documents:

☐ A completed application

☐ A parent/guardian's and applicant signature

☐ Recent photograph attached

Two (2) letters of recommendation from any of the following persons (one letter per category):

- High School Teacher
- High School Counselor
- High School Principal
- Community Leader
- Minister (Religious Leader)
- Organizational Sponsor
- Volunteer Coordinator
- Employer

It is suggested that you ask the people who are writing your recommendations to comment upon (1) the length of time they have known you; (2) your personal qualities, character, leadership abilities, and/or any special attributes; and (3) why they believe you have the perseverance to succeed at the college/university level. All letters must be on letterhead to be accepted.

A one-page essay highlighting your community service, leadership activities, why you chose nursing, college and career goals (computer generated, size 12 Times Roman font, double space, one-inch margins)

All students must have a photo/video consent and general release form signed by the applicant and from your parent/guardian.

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I. Applicant Information			
First Name	Middle Name	Last Name	Gender:
City	State		Zip Code
Cell Phone	Email Address		
Date of Birth	Place of Birth (City and State)		

High School			
High School Attending		Grade	Overall GPA
Address	City	State	Zip code

College /University and Major	
Preferred College/University	Location (City and State)
Intended Major/Field of Study	Intended Minor/Field of Study

II. Parent/Guardian Information			
Name of Mother/Guardian			
Mother's /Guardian Address (if different from applicant's)	City	State	Zip
Mother's Work Phone	Mother's Home/Cell Phone Cell		
Mother's Occupation	Mother's Employer		
Name of Father/Guardian			
Father's /Guardian Address (if different from applicant's)	City	State	Zip
Father's Work Phone	Father's Home/Cell Phone Cell		
Father's Occupation	Father's Employer		

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IV. Honors and Awards (e.g. academic, athletic, community, and /or school awards)		
Award	Source of Award	Reason(s) for Award
1.		
2.		
3.		
4.		
5.		

V. Extra-curricular / Community Service Activities					
Name of Group/Activity	Grade (Check boxes that apply)				Leadership Position(s) Held
	9	10	11	12	
1.	☐	☐	☐	☐	
2.	☐	☐	☐	☐	
3.	☐	☐	☐	☐	
4.	☐	☐	☐	☐	
5.	☐	☐	☐	☐	
6.	☐	☐	☐	☐	
7.	☐	☐	☐	☐	

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VI. College and Universities		
Name of School to Which you Applied	City/State	Status of Application
1.		
2.		
3.		
4.		
5.		
6.		

V. Financial Awards and Scholarships		
Scholarship, Loans, Grant, or Award Applied for	Source	Amount Awarded vs Expected
1.		
2.		
3.		
4.		
5.		
Total Amount Awarded (Received)		
Total Amount Expected (Not received)		

IX. Work/Volunteer Experience		
Employer/Organization	Dates of Employment/Service	Position Held
1.		
2.		
3.		
4.		
5.		
6.		

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Photo/Video Consent and General Release Form for the Patricia J. Gaddis Memorial Scholarship

I hereby certify that all information provided in this application is accurate and current.

I understand that this application packet will be treated with confidentiality, and all materials submitted shall become the exclusive property of Multicultural Wellness Network, Inc.

I acknowledge that to apply for the Patricia J. Gaddis Memorial Scholarship, I may be photographed.

I hereby authorize Multicultural Wellness Network, Inc. to use the pictures of me taken in a photograph, digital image and/or video for digital and written publication, visual presentation and media announcement including social media.

I also understand that I will receive no compensation for my likeness or testimonial.

I and a parent or legal guardian are required to sign this release form to finalize my application.

Applicant signature: _____

Applicant printed name: _____

Date: _____

Parent/Guardian signature: _____

Parent/Guardian printed name: _____

Relationship to applicant: _____ Date: _____

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