

Carol Werling Broyles Memorial Scholarship

A \$500 Scholarship awarded to a St. Henry High School senior, with the exception of family members, who will be attending some type of post-secondary education in the medical field (preferably nursing). Carol was an Acute Care Nurse Practitioner with Miami Valley Hospital for over 25 years, a member of numerous nursing & medical organizations and a world traveler.

Some of Carol's qualities include:

- Love of family
- Love of life
- Great work ethic
- Service to others
- Determination to learn
- Leadership
- Thrived in stress-related medical activities

Application Procedure

- Complete and submit this Scholarship Application form.
- Return application to Guidance Office by **April 1, 2021.**
- Attach to the application:
 - Answer the following questions. **Do not put your name on the attached sheet.**
 1. Why is family important to you?
 2. What activities are you involved with in school and community?
 3. What qualities about Carol do you feel you have?
 4. What are your future plans after?
 5. What have you done to prepare for your career in the medical field?

Use of the Scholarship

The scholarship may be used for tuition, room, board, text books and other related educational expenses.

Student's Name _____

Address _____

Phone _____ Date of Birth _____

Parents or Guardians _____

College Choice: _____

College Major: _____

Activities

List school and community activities, honors earned and offices held:

Work Experience

Present & Previous Employers	Dates	Job Duties	Supervisor

I authorize the release of all scholarship materials, references and transcripts to the members of the Carol Werling Broyles Memorial Scholarship Committee. If I am awarded the scholarship, I agree to abide by all conditions of that scholarship, and I give permission to release appropriate publicity. I understand that the scholarship for which I am applying is for a one-year period. If I do not complete one year of study, I shall be obligated to return the full amount of the scholarship within one year. (Applicant must sign.)

Signature of Applicant _____ Date: _____

Signature of Parent or Guardian _____ Date: _____