

Doris Vennard Nursing Scholarship Application

Application Deadline: April 10, 2026

From the Will of Doris Vennard

"The principal and income there from shall be used by my Trustee to establish scholarships for worthy and needy high school graduates, who are residents of Chippewa County, Wisconsin only, who will be pursuing a one-to-four-year degree in the nursing profession. Such funds are to be used to provide for the payment of tuition and textbook expenses, and in case of true hardship room and board will be provided, until a student has completed their selected program, so long as a student maintains a passing grade point average, and until the Trust funds are exhausted.

The candidates for such scholarships shall be selected on the basis of no other scholarships being available to them and no parental financial ability to help them with their tuition and textbook expenses."

Instructions for Completing the Application

1. Complete the application.

- Application is to be fully completed by the applicant. Indicate N/A for all sections that do not pertain to the applicant.
- Online applications are available on our web page:
<https://www.chippewacountywi.gov/753/Student-Opportunities>.

2. Attach the required documents:

- A transcript of courses completed or in process.
- Documentation of acceptance to school of higher education and/or school of nursing.
- A statement describing your commitment to the nursing profession, including educational background, financial need, future plans, and other pertinent information about yourself that you would like the committee to consider (approximately 200 words).

3. Submit the completed application.

Return the completed application and all required attachments by the deadline using **one** of the following methods:

- Email: ph-web@chippewacountywi.gov
- Mail or In-Person:
Chippewa County Department of Public Health
ATTN: Doris Vennard Nursing Scholarship
711 N Bridget Street, Room 121
Chippewa Falls, WI 54729

Applications postmarked or delivered after April 10, 2026, will not be considered for 2026–2027 awards.



CHIPPEWA COUNTY
Public Health

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Print or type clearly.

Section 1: Applicant Information

Last Name: _____ First Name: _____ Former Last Name (if applies): _____

Social Security Number: _____ DOB: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

of Dependents: _____ Years Lived in Chippewa County: _____ Currently Employed? ☐ Yes ☐ No

Name of Current or Last Employer: _____ Position Held: _____ Salary Per Hour: _____

Section 2: Family Information and Household Information

Annual Income (if living alone): _____ Are You Claimed as a Dependent by Anyone? ☐ Yes ☐ No

Household Gross Income: _____ Number of People in Your Household: _____

Family Employment Information

Please complete the table below.

PERSON	PLACE OF EMPLOYMENT	OCCUPATION
Father		
Mother		
Spouse		
Guardian		

Section 3: Academic Background

Years in College: _____ Years in Technical School: _____ Years in Nursing School: _____

Are You a Senior in High School? ☐ Yes ☐ No Current Grade Point Average (GPA): _____

Section 4: Educational Program Information

Institution's Name: _____ Degree Sought: _____

Address: _____ City: _____ State: _____ Zip: _____

Accepted by an Institution: ☐ Yes ☐ No Accepted by a Nursing Program: ☐ Yes ☐ No

Program Start Date: _____ Expected Graduation Date: _____

Section 5: Educational Expenses and Financial Resources

Educational Expenses (Estimated Per Year)

Expense	Amount Per Year (\$)
Tuition and Fees	
Room and Board	
Additional Expenses (books, uniforms, etc.)	
Total Expenses	

Financial Resources for the Academic Year

Source	Amount (\$)
Parents	
Own Income	
Scholarships	
Savings	
Other Income (specify: _____)	
Total Funds Available	

Semester Funds Will be Used: _____

Section 6: Certification and Authorization

With my signature, I certify that the information provided is accurate and give permission to the Doris Vennard Scholarship Fund Selection Committee to verify the information provided with the institutions listed above.

Name of School: _____

Signature: _____ Date: _____