

# 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

# Doris Vennard Nursing Scholarship Application

Application Deadline: April 10, 2026

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.)	
<b>Total Expenses</b>	

### Financial Resources for the Academic Year

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

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: \_\_\_\_\_