

McFarland Charitable Foundation

The Havana National Bank, Trustee  
112 S. Orange Street  
P.O. Box 200  
Havana, IL 62644-0200  
309-543-3361

Scholarship Application Package  
Effective 09/01/2021

APPLICATION IS DUE BY May 15 OF EACH YEAR

McFarland Charitable Foundation  
The Havana National Bank, Trustee  
STATEMENT OF INTENT

William E. McFarland believed that the wealth he accumulated should be used to benefit the health needs of the community from which he built his wealth. During his life, he established a perpetual trust to provide scholarships to registered nursing students. This trust is now known as the McFarland Charitable Foundation.

The primary purpose of the Foundation is to improve the health care services in the Havana, Illinois area by providing scholarships to qualified registered nursing students. These students must agree to return to the Havana area to serve as registered nurses two years for each year of funding. Students must receive a commitment of employment from an area employer to be eligible for the scholarship. Students will fulfill their obligation through full-time employment with the health care provider who made the employment commitment.

Students are required to sign a written contract covering the scholarship terms and the work service obligation. Failure to complete the work service obligation requires repayment of all funds disbursed with interest from the date of each disbursement. Two financially responsible adults must co-sign the contract. A married couple is considered to be one co-signor. A sample contract will be made available upon request.

Students must be accepted into an accredited school of registered nursing. The Foundation requires students to enroll full-time and to pursue the degree continuously.

McFarland Charitable Foundation  
The Havana National Bank, Trustee  
Statement of Requirements

Applicants must provide the Trustee with the following:

1. Completed Application Form
2. Letter of Acceptance in Accredited Registered Nursing Program
3. High School and College Transcripts
4. Letters of Reference
5. Financial Statements from Two Co-signors
6. Employment Commitment with Area Employer

McFarland Charitable Foundation  
The Havana National Bank, Trustee

List of Covered Expenses:

1. Tuition
2. Most Fees
3. Dormitories - Double room rent
4. Meal Allowance
5. Health Fee and Physical Exam
6. Minimum Malpractice Insurance
7. Required Textbooks and Outlines
8. State Board Fees: Testing and Preparatory Course
9. Required Fingerprinting

The Foundation does not provide:

1. Personal allowance
2. Stethoscope
3. Yearbooks
4. Scissors
5. Uniforms, hose, shoesDiplomas
6. Caps
7. Fines
8. Pins
9. Watches
10. Health Insurance
11. Mileage
12. Equipment
13. Supplies

McFarland Charitable Foundation  
The Havana National Bank, Trustee  
Nursing Scholarship Application

Please type or print clearly. Use N/A for not applicable.

**Personal Information**

1. Full Name \_\_\_\_\_

2. Present Address \_\_\_\_\_  
Street Address

City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

3. Permanent Address \_\_\_\_\_  
Street Address

City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. Marital Status:  
\_\_\_\_ Single    \_\_\_\_ Married    \_\_\_\_ Divorced    \_\_\_\_ Widowed

6. Spouse's Name \_\_\_\_\_

7. Dependents (Age and Relationship) \_\_\_\_\_  
\_\_\_\_\_

8. Parents Names and Address(es) \_\_\_\_\_  
\_\_\_\_\_

**Educational Information**

1. Are you currently taking courses in the nursing portion of your program?  
\_\_\_\_ Yes    \_\_\_\_ No

2. What is your present academic level?  
\_\_\_\_ High School    \_\_\_\_ College  
\_\_\_\_ Freshman    \_\_\_\_ Sophomore    \_\_\_\_ Junior    \_\_\_\_ Senior

3. What is your cumulative Grade Point Average (GPA)? \_\_\_\_\_

4. What school do/will you attend this fall? \_\_\_\_\_

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7. Residence plans:  Dormitory  Home  Other

#### 8. What is your professional goal?

9. If you are a part-time student, will you attend school full-time?

10. List in chronological order all schools attended beyond elementary school, addresses and degrees or diplomas granted:

11. What honors (academic or otherwise) have you received and when?

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12. Please list other interests, school and church activities:

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### **Occupational Information**

1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee?
2. What qualifications do you feel you have to become a nurse?
3. List all jobs you have held (dates, employer, type of work) and indicate whether they were full-time or part-time.

<u>Employer</u>	<u>Dates</u>	<u>Type of Work</u>	<u>FT/PT</u>

4. If you are not currently in school, how have you been occupied since leaving school?
5. Why did you choose the nursing profession? (Use as much of space as needed)



## **Confidential Information**

If you are married, an adult or emancipated minor, skip to Section 2.

### **Section 1. Parent or Legal Guardian Information**

1. Parent or Guardian's Name \_\_\_\_\_
2. Place of Employment \_\_\_\_\_  
Company \_\_\_\_\_ Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Approximate Income \_\_\_\_\_
5. Parent or Guardian's Name \_\_\_\_\_
6. Place of Employment \_\_\_\_\_  
Company \_\_\_\_\_ Address \_\_\_\_\_
7. Occupation \_\_\_\_\_
8. Approximate Income \_\_\_\_\_
9. Number and ages of siblings \_\_\_\_\_
10. # of siblings enrolled in K-12 School \_\_\_\_\_ # of siblings enrolled in college \_\_\_\_\_

If you are single, skip to Section 3.

### **Section 2. Spouse Information**

1. Spouse's Name \_\_\_\_\_
2. Spouse's Place of Employment \_\_\_\_\_  
Company \_\_\_\_\_ Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Approximate Income \_\_\_\_\_
5. # of children enrolled in K-12 School \_\_\_\_\_ # of children enrolled in college \_\_\_\_\_

### **Section 3. Financial Information**

1. Do you contribute to the support of any other person(s) or have other financial obligations? If so, please explain (Ex: current loans - amounts and when due.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why are you interested in returning to the Havana, Illinois area to work as a registered nurse?

3. Names and Addresses of Co-signors:

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4. Below, list your resources and anticipated expenses for the coming school year.

Resources	Estimate Per Academic Year	Expenses	Estimate Per Academic Year
Parents		Tuition & Fees	
Friends/Relatives		Room	
Personal Savings		Board	
Employment		Books/Supplies	
Loans		Transportation	
Other, Specify		Personal	
Scholarships		Other	
Applied for Grants			
Received Grants			
<b>Total Resources</b>	\$	<b>Total Expenses</b>	\$

5. Additional comments regarding financial needs or explanation of above.

### **CONSENT FOR RELEASE OF INFORMATION**

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgement of the Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the McFarland Charitable Foundation is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose."

Signature of Applicant \_\_\_\_\_

### **CONSENT FOR RELEASE OF PHOTO**

"I hereby consent to the release of my picture and my name to the press for the purpose of informing the public upon the acceptance of my application and my approval as a scholarship recipient."

Signature of Applicant \_\_\_\_\_

### **STATEMENT OF INTENT TO WORK AS A NURSE IN HAVANA, ILLINOIS AREA**

"I hereby state that if my application is accepted, I intend to work as a nurse upon graduation from an approved school of nursing in Havana, Illinois."

Signature of Applicant \_\_\_\_\_

Date Application completed and signed. \_\_\_\_\_

**ONLY THE SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED**

**Personal Financial Statement**  
**Co-Signer**

Applicants Name \_\_\_\_\_

Co-Signer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

<b>Assets</b>	<b>Amount in Dollars</b>
Cash-Checking and Savings Accounts	
Certificates of Deposit	
Securities-stocks/bonds/mutual funds	
Life insurance (cash surrender value)	
Retirement Funds (i.e. IRAs, 401k)	
Property (market value)	
Other Assets (specify)	
Other Assets (specify)	
<b>Total Assets</b>	\$ _____

<b>Liabilities</b>	<b>Amount in Dollars</b>
Current Debt (credit cards, loans)	
Notes Payable (describe below)	
Taxes Payable	
Property Mortgages (describe)	
Other Liabilities (specify)	
Other Liabilities (specify)	
<b>Total Liabilities</b>	\$ _____

**Net Worth** \$ \_\_\_\_\_

**Annual Base Salary** \$ \_\_\_\_\_  
**Employer's Name** \_\_\_\_\_  
**Social Security Income** \$ \_\_\_\_\_  
**Other Income** \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

Are you Co-signer, Endorser, for the Debt of others?  
 Have you ever taken Bankruptcy or Compromised Debts?  
 Are there any judgements against you?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Personal Financial Statement**  
**Co-Signer**

Applicants Name \_\_\_\_\_

Co-Signer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

<b>Assets</b>	<b>Amount in Dollars</b>
Cash-Checking and Savings Accounts	
Certificates of Deposit	
Securities-stocks/bonds/mutual funds	
Life insurance (cash surrender value)	
Retirement Funds (i.e. IRAs, 401k)	
Property (market value)	
Other Assets (specify)	
Other Assets (specify)	
<b>Total Assets</b>	\$

<b>Liabilities</b>	<b>Amount in Dollars</b>
Current Debt (credit cards, loans)	
Notes Payable (describe below)	
Taxes Payable	
Property Mortgages (describe)	
Other Liabilities (specify)	
Other Liabilities (specify)	
<b>Total Liabilities</b>	\$

**Net Worth** \$ \_\_\_\_\_

**Annual Base Salary** \$ \_\_\_\_\_  
**Employer's Name** \_\_\_\_\_  
**Social Security Income** \$ \_\_\_\_\_  
**Other Income** \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

Are you Co-signer, Endorser, for the Debt of others?  
 Have you ever taken Bankruptcy or Compromised Debts?  
 Are there any judgements against you?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

As part of the application, please submit:

1. Three letters of reference from teacher, counselor, employer, supervisor, clergy. At least one letter must be from a faculty member.
2. Profile of yourself, stressing factors relevant to your nursing aspirations and goals. Qualifications you feel you have to pursue your education for nursing, limit to ONE TYPE WRITTEN PAGE.
3. An official high school and college transcript and available aptitude or achievement tests. High school transcripts needed especially if you are entering freshman year.
4. Official proof of acceptance from the educational institution you will attend. Letter of acceptance or most recent nursing school transcript.
5. Two co-signers with complete financial statements filled out.
6. Send all materials directly to

The Havana National Bank  
Trust Department  
P.O. Box 200  
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7. Dates available for interview: \_\_\_\_\_
8. Application must be received by May 15.