

# Zoe Setchell Memorial Nursing Scholarship

## Scholarship Application

This scholarship was created in loving memory of Zoe Setchell, whose compassion and dedication to nursing continue to inspire future healthcare professionals in our community.

## Applicant Information

**Full Name:**

**Date of Birth:**

**Phone Number:**

**Email Address:**

**Home Address:**

## Education Information

**High School Attended:**

Yorkville High School

**Graduation Status:**

Graduating Senior

Recent Graduate (Year: \_\_\_\_\_)

**College or Program:**

Waubonsee Community College

**Nursing Program Status:**

Accepted into the Nursing Program

Accepted into the Allied Health Program

Currently in the Nursing Program

Currently in the Allied Health Program

**Expected Start Date or Current Semester:**

**Wabonessse CC Student X Number**

## Academic Information

**Current GPA (High School or College):**

**Attach Transcript:**  Yes

## **Financial Need**

Please briefly explain any financial challenges you may face in pursuing your nursing education and how this scholarship would assist you.

*(Response: 150–300 words)*

## **Essay Questions**

### **1. Why have you chosen to pursue a career in nursing or allied health field?**

Please describe what inspired you to become a nurse and what the profession means to you.

*(Response: 300–500 words)*

### **2. The Zoe Setchell Memorial Nursing Scholarship honors compassion, perseverance, and a heart for helping others.**

Please share an experience in your life that demonstrates these qualities.

*(Response: 300–500 words)*

### **3. How do you hope to make a difference in the lives of others through nursing or in allied health fields?**

Explain your long-term goals and how you plan to lead with empathy and care in your future.

*(Response: 200–400 words)*

## **Community & Service Involvement (Optional but Encouraged)**

List any volunteer work, extracurricular activities, athletics, employment, or community involvement that has helped shape who you are. *(Examples: healthcare volunteering, animal rescue, athletics, leadership roles, etc.)*

## **Letter of Recommendation (Optional but Encouraged)**

Please submit **one letter of recommendation** from a teacher, counselor, coach, employer, or healthcare professional who can speak to your character and dedication.

**Recommender Name:**

**Relationship to Applicant:**

**Contact Information:**

Letter Attached

---

## Certification & Signature

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

**Applicant Signature:**

**Date:**

---

## Submission Instructions

Please submit the completed application, transcript, & letter of recommendation by **[deadline]** to:

Mark Setchell [setch26@sbcglobal.net](mailto:setch26@sbcglobal.net)

Shannon Setchell [setch6@gmail.com](mailto:setch6@gmail.com)

**[Mailing address, if applicable]**

**ZES Memorial Scholarship  
305 Woodworth St.  
Yorkville, Illinois 60560**