



*The Mandel & Laretta  
Abrahamer Scholarship*

Laretta Abrahamer established the Mandel & Laretta Abrahamer Scholarship in memory of her husband, Mandel, and because “there is a real need for people in the medical field.”

Mandel and Laretta Abrahamer both had medical backgrounds. Mandel served as a hospital administrator and Laretta a nurse. Both were in the army, where he served as a medical supply officer.

**The Mandel & Laretta Abrahamer Scholarship**  
is entrusted to the  
Steuben County Community Foundation.  
1701 N Wayne Street  
Angola, IN 46703  
(260) 665-6656





## *The Mandel & Laretta Abrahamer Scholarship*

### **Requirements:**

It is preferred that the student(s) selected be a graduate of a Steuben County high school and/or is a resident of the County.

It is preferred that the selected student(s) will be entering, or is in, the School of Nursing. However, if there are no nursing students that qualify, the endowment proceeds are to be used to assist students in health-related fields.

### **Selection Process:**

The student should have at least a 3.0 GPA in a four-point grading system.

The student should demonstrate a financial need.

Scholarship recipient will be chosen by a panel of SCCF Scholarship Committee members.

### **Award:**

The amount of the award will be determined each year and will be paid out of distributable earnings per the Fund agreement. Additional awards may be lesser amounts, based on amount available. The student(s) may reapply each year and will be given preference as long as a 3.0 GPA is maintained and financial need is demonstrated.

**APPLICATION DEADLINE IS MARCH 15 OF THE CURRENT YEAR**

# *The Mandel & Laretta Abrahamer Scholarship*

## **Scholarship Application**

**Please print**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employed At: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employed At: \_\_\_\_\_

How many brothers and sisters live in the home with you? \_\_\_\_\_

Of these, how many are in college/tech school? \_\_\_\_\_

Are you reapplying for this scholarship? \_\_\_ yes \_\_\_\_\_ no

List college/university where you have been accepted. Indicate your course of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_ Hours/Weekly \_\_\_\_\_

Do you have a checking account? \_\_\_\_\_ Approximate balance \_\_\_\_\_

Do you have a savings account? \_\_\_\_\_ Approximate balance \_\_\_\_\_

Any other sources of income? Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will you finance your education if you do not receive this scholarship?

\_\_\_\_\_  
\_\_\_\_\_

Have you applied for other scholarships/financial aid? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

<i>Estimated School Expenses</i>		<i>Resources</i>	
<b>Tuition</b>	\$	<b>Total Annual Household Income</b>	\$
<b>Room &amp; Board</b>	\$	<b>Total Annual Student Income</b>	\$
<b>Books &amp; Fees</b>	\$	<b>Savings &amp; Investments **</b>	\$
<b>Transportation</b>	\$	<b>Other grants/ scholarships received</b>	\$
<b>Personal Expenses</b>	\$		
<b>Total Cost</b>	\$	<b>Total Income</b>	\$

\*\* 401K, pensions, and other retirement plans are not applicable.

### *The Mandel & Laretta Abrahamer Scholarship*

Please indicate any special family circumstances that we should be aware of:

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List honors, activities, and awards for high school, community, church or civic:

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**Attachments:**

- 1) Copy of school transcripts.
- 2) Any supporting statements from former teachers or supervisors of any paid or volunteer work in your chosen field will be considered. If you have, please attach to the application.
- 3) Please attach to the application as essay answering the question, *“What characteristics are necessary to be a successful nurse?”*

**Certification**

I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked, I (we) agree to give documentation for information given on this form. Further, I certify that I meet the intent of the scholarship fund for which I have applied as stated in their guidelines

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent (if under 18) signature

\_\_\_\_\_  
(Date)

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