The Julie Campbell Ringle Memorial Scholarship

Sponsored by P.E.O. Chapter EX of Bemidji, Minnesota

This scholarship honors the memory of Julie Campbell Ringle. It is sponsored by P.E.O. Chapter EX in Bemidji. P.E.O. is an international sisterhood that has been in existence for more than 150 years. We, as members throughout these years, view as our mission to celebrate learning and support education in women of all ages.

Julie Ringle was an active member of this chapter and truly had a heart for helping others. Julie was an oncology nurse, volunteered as a Girl Scout leader, helped at her church and school, and was always available to a friend in need. Her husband, John, and daughters-Katie, Maggie, Allison, and Molly were joys in her life. Sadly, on December 30, 1993, Julie, Maggie, Allison, and Molly were killed in an automobile accident as they returned home after spending Christmas with her family in Nebraska. At the time of her death, Julie was our president of Chapter EX. Our community mourned the loss of this young, vibrant woman and her three daughters. Shortly after her death, our chapter began building a scholarship fund for a woman planning on a career in health care. Julie modeled such compassion in her short 35 years, and we want to continue her legacy of kindness and caring by helping a woman who plans to care for others. We hope this \$2,000 scholarship will be a tribute to Julie, as well as provide financial assistance to a woman in her education.

This scholarship is available to women who have graduated from a Bemidji School and is contingent upon enrollment in an accredited school.

Criteria for selection are:

- A Bemidji area woman having graduated from a Bemidji School or currently living in the Bemidji area and committed to a career in the area.
- Students that have completed at least one academic year in a post-secondary institution and are pursuing a career in health care.
- Financial need; debt load
- Academics
- Volunteerism
- Work experience
- One-page statement/essay regarding interest in medical profession
- Preference will be given to an active member or daughter of an active member of P.E.O. if scores are tied in all other areas.

Only complete applications will be considered. A complete application must:

- Be submitted electronically in 12-point font and maintain page breaks.
- Include a transcript from your college/university
- Include a letter of recommendation

Complete application packets must be electronically submitted by April 30, 2024, to peoscholarshipbemidji@gmail.com.

Telephone interviews may be held in May with selection and notification in May.

Thank you for your interest in this scholarship and we wish you success in all your academic achievements.

The Julie Campbell Ringle Memorial Scholarship

Scholarship Application

	Name: Home Address:
2	Current mailing address and phone:
	E-Mail Address:
4.	Date of Birth:
	College ID #: or Social Security Number:
5.	High School Information – year graduated:
	Name and Address of High School:
6.	Post-Secondary Vocational/College/University Enrollment Information:
	Name and Address of Institution (College/University/Vocational):
	Dates Attended:
	Anticipated Graduation Date:
	Which health care field do you plan to study or are currently studying?
	Current College Information – Name and Address: (if different from above)
	Anticipated Graduation Date:
	What date did you begin your study in your chosen health care field?

Scholarship Application Page 2

7.	Please list your volunteer experiences.	
8.	Please list special honors or awards which you have receive vocational school.	ed while in high school, college, or
9.	Please list your work experiences.	
10.	Please list 2 references.	
	Name:	Phone:
	Address:	
	Name:	Phone:
	Address:	

Scholarship Application Page 3

	e your reasons : ne Julie Campbel			ealth care	field and	your motiv	vation for
I give P.E.O. Chap academic activitie any persons or ins	s and to contact	the references I	have listed in th	nis applica	tion. I rele	airy into my ase from li	y past ability
Signature				Date			_

Scholarship Application Page 4

Financial Information

Parent or Guardian Information:
Name:
What percentage of support do you receive from your family?
List the number and ages of other children dependent upon your family:
Your marital status:
Is spouse employed? Occupation:
Your present employment:
Full/Part time
Do you plan to work during vacation/summer?
Please list all financial assistance you have applied for, will apply for, or have received: (You do not need to include applications which have been denied) Source Amount Status Applied but Unknown/Received
1.
2.
3.
4.
5.
If awarded this P.E.O. Scholarship, how will the funds be used?
Please list your current indebtedness for your education and any anticipated debt: