



HEALTHCARE SCHOLARSHIP APPLICATION

NOTE: THIS SCHOLARSHIP IS INTENDED FOR FULL-TIME STUDENTS AND CAN ONLY BE USED FOR TUITION.

PERSONAL INFORMATION

Name (First/Last) :

Address :

City : State/Zip :

Mobile Number : Email Address :

Marital Status : Single Married Widowed

Dependents (if applicable)	Dependents Age(s)	Relationship
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATIONAL BACKGROUND

What is your professional goal?

What is your course of study?

What school are you attending?

What school do you plan to attend?

Have you been accepted?

Will you attend full/part time?

NOTE: This scholarship is awarded to full-time students only.

What is the expected graduation date?

Please list all schools attended, along with all information below, (please include high school):

Degree/Course	University / Institute	City/State	Year Graduated	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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List all honors received:

List volunteer work performed, (i.e. civic or religious organizations):

FINANCIAL INFORMATION

Current Employer: Job Title:

If applicable, your parents and/or spouse's income?

What other financial obligations do you have?

You understand this scholarship can only be used for tuition and fees? Yes No

Have you ever been or currently a recipient of any other scholarships? Yes No

If yes, what other scholarships and their monetary value received? Yes No

Are you employed by or related to someone employed by Southern Illinois Healthcare? Yes No

If yes, who? (i.e.: yourself, spouse, parent, etc.)

If yes, which facility and department?

Please make any comments below, and attach additional sheets as needed:

CHECKLIST

The following information needs to be submitted:

- Completed application.
- Official transcripts.
- Two letters of recommendation from teachers, administrators, or managers. If you are an SIH employee, one recommendation letter must be from your current SIH supervisor.
- A copy of the acceptance letter into your chosen school/program.
- A one-page essay explaining your reasons for choosing this career field and why you believe you should receive this scholarship.
- If you receive a scholarship award, be sure to express your gratitude to the Auxiliary.

Please return the requested documents in a sealed envelope to the address below:

MHC Auxiliary
c/o Volunteer Services
405 W Jackson St | PO Box 3988 | Carbondale IL 62902-3988

CONSENT FOR RELEASE OF INFORMATION

I authorize the Memorial Hospital of Carbondale Auxiliary to request and release any information necessary to evaluate my scholarship application. I confirm that the information provided in this application is complete and accurate. I understand that the scholarship award will be sent directly to my college/university with instructions to use it solely for tuition, fees, and related expenses.

Applications must be submitted by May 31st to the Volunteer Services office at SIH Memorial Hospital of Carbondale. Alternatively, applications can also be dropped off at The Pink Geranium Gift Shop.

Only persons receiving the Memorial Hospital of Carbondale Auxiliary Scholarship will be notified.

Signature of Applicant:

IMPORTANT INFORMATION

This scholarship is available to full-time students accepted into a medically related healthcare field. Completing prerequisites for acceptance into a field of study does not qualify. The scholarship funds are paid directly to the school of acceptance and can only be used for tuition and fees, not for books, travel, living expenses, or other costs.

The scholarship is renewable annually for qualified applicants, up to a maximum of four years. The final decision and selection of recipients are made by the Memorial Hospital of Carbondale Auxiliary Scholarship Committee. Receiving the scholarship once does not guarantee renewal for the following year; applicants must meet the scholarship guidelines and provide transcripts for renewal.

The Scholarship Committee reserves the right to make decisions in cases not covered by the guidelines.