



## Scholarship Application

Southern Illinois Healthcare  
Attn: Human Resources Scholarship Committee  
2 Nutrition Plaza Dr.  
Carbondale, IL 62901  
618-457-5200 x 67802

### Eligible Programs/Majors:

Registered Nurse (RN)	Health Information Management	Medical Laboratory Technician
Bachelor's Science Nursing (BSN)	Pharmacist	Medical Laboratory Scientist
Master's Science Nursing (MSN)	Occupational Therapist	Respiratory Therapist
Surgical Technician	Physical Therapist	Radiologic Technician
		Biomedical Technologist

### The following information needs to be submitted along with the completed application by June 1<sup>st</sup>.

- Three letters of recommendation from teachers, administrators, managers or supervisors.
- Transcripts from all educational facilities attended (recent college transcripts for current college students are acceptable).
- A copy of the acceptance letter into one of the programs listed above (this must be turned in by the time you interview with our scholarship committee in June in order to be eligible for the scholarship.)
- A one-page essay on your reasons for choosing this career field and why you believe you should receive an SIH scholarship.
- The requested documents are to be returned in a sealed envelope and sent to the address listed on the top of this page.
- Incomplete applications or applications missing documents will not be considered.

**Applications are due by June 1<sup>st</sup> each year. Interviews with our scholarship committee will be conducted in July of each year.**



## Scholarship Guidelines

**In order to be eligible for the SIH Scholarship Program you must:**

- ✓ Be accepted as a full-time student in one of the programs listed above. Part-time students are eligible to apply IF the student is a current SIH employee. The student must have at least applied and tested for entry into one of the programs listed above before applying.
  
- ✓ Begin your educational program the Fall after the June 1<sup>st</sup> deadline each year. If you are a nursing student and your program begins in January, you will still apply by June 1<sup>st</sup> and interview in July.
  
- ✓ Have all your general studies completed before applying to the SIH Scholarship Program unless you have a full acceptance letter into one of the programs listed on the previous page.
  
- ✓ Be enrolled in a two-year educational program. If you are a nursing student, SIH offers a two-year scholarship for ADN students and SIH will assist in paying the final two out of four years for BSN students. BSN students will apply when they have two years left out of their four-year program (by June 1<sup>st</sup>).
  
- ✓ Physical therapy students are eligible to apply for our scholarship program to offer assistance when they enter their final two years of the DPT program.
  
- ✓ Current SIH employees must be in good standing with the organization.



## Scholarship Application Checklist

***Please use this checklist to ensure all required documents are included before submitting your application. Incomplete applications will not be considered.***

### **Recommendation letters (3):**

- Letter one
- Letter two
- Letter three

### **Transcript(s):**

- Transcript one
- Transcript two (if applicable)
- Transcript three (if applicable)

### **Acceptance Letter:**

**Required for scholarship application; NOT required for loan forgiveness application.**

- Program acceptance letter

### **Essay:**

- One-page essay



## APPLICATION

*The information listed below will be used by the SIH Scholarship Committee and is strictly confidential. Attach additional sheets if needed. Please type or print clearly.*

### **Applicant Information:**

Name: \_\_\_\_\_  
*Last, First, Middle*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

### **For SIH Employees:**

Department/Unit: \_\_\_\_\_ Position: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employment Status: \_\_\_ FT \_\_\_ PT \_\_\_ PRN \_\_\_ Temporary

### **College Information:**

What college are you attending? \_\_\_\_\_

Have you been officially accepted into the program? \_\_\_ Yes \_\_\_ No \_\_\_ Applied

### **Program Information:**

\_\_\_ RN \_\_\_ BSN \_\_\_ MSN \_\_\_ Physical Therapy \_\_\_ Occupational Therapist \_\_\_ Respiratory Therapist  
\_\_\_ Health Information Management \_\_\_ Surgical Technologist \_\_\_ Pharmacist \_\_\_ Radiologic Technologist  
\_\_\_ Medical Lab Technologist \_\_\_ Medical Lab Scientist \_\_\_ Biomedical Technologist



**Extracurricular Interests & Activities:**

List any extracurricular activities and/or scholastic honors and relevant coursework:

---

---

---

**Short-Term & Long-Term Career Goals:**

Short:

---

---

Long:

---

---

**How Did You Learn About the SIH Scholarship Program?**

---

---

---

---

**Other:**

Have you ever been convicted on a misdemeanor or felony (other than parking violation)?

Yes  No

If yes, explain: \_\_\_\_\_

*Note: Southern Illinois Healthcare requires a criminal background check prior to employment. A conviction will not automatically disqualify you from consideration for employment with SIH.*



**Employment History:**

Employer 1: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Status: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Status: \_\_\_\_\_

Employer 3: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Status: \_\_\_\_\_

Employer 4: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Status: \_\_\_\_\_

**Applications are due by June 1<sup>st</sup> each year. Interviews with our scholarship committee will be conducted in July of each year. *Incomplete applications or applications missing documents will not be considered.***

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

\_\_\_\_\_  
Date

Submit to:  
Southern Illinois Healthcare  
Attn: Human Resources Scholarship Committee  
2 Nutrition Plaza Dr.  
Carbondale, IL 62901