Memorial Hospital of Carbondale Executive Committee Medical Student Scholarship

To all first **& second year** medical students: The medical staff of Memorial Hospital of Carbondale is pleased to announce the offering of Medical Student Scholarships. The $ amount is undecided at this time. The scholarship has the following criteria:

1. You must be a current (2025-2026) first or second year medical student in good standing.
2. You must have graduated from an Illinois high school located in one of the following counties: Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Saline, St. Clair, Union, Washington, White and Williamson.
3. You must demonstrate financial need.

To apply: Fill out the attached form. Explain the reason you feel you have financial need or hardship including, but not limited to, undergraduate debt load, the need to work during your undergraduate education and the number of hours you worked per week, as well as any special or extenuating circumstances.

Turn in the attached form and a copy of your latest FASFA and Financial Aid Award for the current year by November 1, 2025, to Jill Bruce, Memorial Hospital of Carbondale, 405 West Jackson Street, Carbondale, Illinois 62901 or email to [jill.bruce@sih.net](mailto:jill.bruce@sih.net) If you have any questions, please contact Jill Bruce at 618-549-0721, ext. 65799.

Memorial Hospital of Carbondale Executive Committee Scholarship

Application

Name \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Need: