



Dear Scholarship Applicant,

Thank you for your interest in pursuing a career in healthcare. The Memorial Hospital of Carbondale Auxiliary is proud to support students like you who are dedicated to making a difference in the lives of others.

Enclosed you will find the application packet for the MHC Auxiliary Scholarship Program. This scholarship is designed to assist students who demonstrate academic achievement, community involvement, and a commitment to healthcare. Please review the criteria and application carefully and ensure all required documents are submitted by May 31, 2026.

If you have any questions or need assistance during the application process, feel free to contact:

Paula Frisch  
Manager of Volunteer Services  
Memorial Hospital of Carbondale  
PH: 618.549.0721 ext. 65108  
Email: [paula.frisch@sih.net](mailto:paula.frisch@sih.net)

We look forward to receiving your application and learning more about your goals in the healthcare field.

Best regards,

MHC Auxiliary Board

## MHC AUXILIARY SCHOLARSHIP ELIGIBILITY CRITERIA

- Any individual accepted into or currently enrolled in a healthcare-related program is eligible. Consideration is limited to students accepted into a healthcare-related program, where courses are restricted to student candidates for the degree or certification. For example, pre-nursing, pre-medical, and pre-pharmacy applicants are not eligible until they are accepted into nursing programs, medical schools, physical therapy programs, etc.
- Applicants must reside in Illinois.
- The school attended does not need to be in Illinois, but it must be accredited or recognized as an approved program by the appropriate agencies.
- Priority is given to MHC employees and their families, as well as SIH employees and their families.
- Students with less than one academic year remaining until graduation are **not** eligible for a new scholarship.
- To be competitive, a GPA of 3.5 or higher on a 4-point scale or a GPA of 4.5 or higher on a 5-point scale is required.
- Scholarships are awarded based on academic achievement, financial needs, and the availability of funds for the academic year (4 quarters or 2 semesters).
- Current scholarship recipients should reapply each year with updated transcripts. Renewal eligibility will be based on continued excellent academic performance and ongoing enrollment in the healthcare-related program. The scholarship may be renewed for up to four years, with reapplication required each year.

## 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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### 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"/>
<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"/>

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.