

SIH Memorial Hospital of Carbondale Auxiliary Healthcare Scholarship Application

Note: This scholarship is intended for full time students and can only be used for tuition.

Personal

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Marital Status: _____

Dependents: (if applicable) _____

(Age and Relationship)

Education

What is your professional goal? _____

What is your course of study? _____

What school are you currently attending? _____

What school do you plan to attend? _____

Have you been accepted? _____

Will you attend full time or part time? _____ (This scholarship is awarded to full time students, only)

Expected graduation date? _____

Please list all schools attended, with information requested below, (including high school):

School Name	City/State	Degree	Year Graduated	GPA
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Please list all honors received and when:

List volunteer work performed; i.e. civic or religious organizations:

Financial

Current Employer and Position _____ FT or PT

What is your current annual income? _____

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

What other financial obligations do you have? _____

You understand this scholarship can only be used for tuition & fees. _____

Have you ever been (or are you currently) a recipient of any other scholarships, partial or full?
If yes, what other scholarships & their monetary value have you received?

Are you employed by or related to someone employed by Southern Illinois Healthcare? _____

If the answer is yes, who? (example: yourself, spouse, parent) _____

If so, which facility and department? _____

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

The following information needs to be submitted along with the completed application:

- Two recommendation letters from teachers, administrators or managers.
- If an SIH employee, one recommendation letter must be from your current SIH supervisor.
- Official transcripts from all educational facilities attended.
- A copy of the acceptance letter into your chosen school/program.
- A one-page essay on your reasons for choosing this career field and why you believe you should receive this scholarship.
- The requested documents are to be returned in a sealed envelope and send to the address listed below.

Volunteer Services/Auxiliary Scholarship Program
SIH Memorial Hospital of Carbondale
405 West Jackson Street
Carbondale, Illinois 62901

Consent for Release of Information

I hereby authorize the release of any information requested by MHC Auxiliary that may be of assistance in evaluating my scholarship application. **I will send a thank you card to acknowledge the acceptance of the scholarship.** I also attest that the information provided in this application is complete and accurate and I understand this scholarship will be mailed to the college/university with strict instructions it is only to be used for tuition, fees, etc.

Signature of Applicant: _____

Date: _____

Applications are due by May 31st into the office of
Volunteer Services at SIH Memorial Hospital of Carbondale.
Only persons receiving the MHC Auxiliary Scholarship will be notified.

Important additional information:

This scholarship is available only full-time students who have been accepted into a medically related healthcare field. Completing pre-requisites to be accepted into a field of study do not qualify. This scholarship is paid only to the school of acceptance and is to be used only for tuition and fees. **This scholarship cannot be used for books, travel, living expenses, etc.**

This scholarship is renewable annually for qualified applicants, but limited to no more than four years. Final decisions/selections of scholarship recipients are made by the SIH Memorial Hospital of Carbondale Auxiliary Scholarship Committee. Receiving the scholarship once does not guarantee renewal the next year, applicants must meet scholarship guidelines. Transcripts will be required for renewal.

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