Northwestern Medicine Valley West
AUXILIARY SCHOLARSHIP APPLICATION

This award is available to any student who lives in the community served by the Valley West Hospital with an active Auxiliary unit. This includes Sandwich, Earlville, Plano, Somonauk, Leland, Yorkville, Bristol, Sheridan, Serena, Newark, Millington, Millbrook, Big Rock, Hinckley and Waterman. The student must be enrolled in a bona fide professional program of study for any of the allied health care curriculum. The scholarship funds are for tuition only.

Application forms, transcripts and test scores must be completed and received by June 1. Scholarship winners will be notified by letter the amount of their award. A letter and scholarship check will be sent directly to the school. The letter will request that if a recipient drops out of school while the award is in effect, funds must be returned to the Auxiliary commensurate with the school year remaining.

Only the scholarship recipients will be notified.

Any person who has been accepted into or is currently enrolled in the professional years of study for one of the “allied health care fields” will be considered. Support will not be given to undergraduates preparing themselves eventually to enter a program in one of these fields. The school attendance need not be at an Illinois Institution but must be accredited and/or recognized as legitimate institution by an appropriate agency. One-year scholarships may be renewed based on annual application and evaluation.

APPLICANTS RESPONSIBILITIES: Direct questions and send all documents to:

Northwestern Medicine Valley West Hospital Auxiliary Scholarship Committee
Northwestern Medicine Valley West Hospital
Attn: Deanna Francis
1302 N. Main Street
Sandwich, IL  60548

As part of application, please submit the following:

1. At least two letters of reference, one personal and one from a teacher or an employer.
2. A brief written profile, stressing aspects relevant to occupational choice and goals.
3. High school and/or official college transcript and available aptitude and achievement tests. High school transcript is not necessary if you have had more than one year of college.
4. Proof of Acceptance into your allied health care curriculum from your Education Institution. Required for new students and those already enrolled.
5. Photograph (used for publicity purposes)
PERSONAL DATA

Full Name: _______________________________________________________________________

Social Security No: XXX-XX-______________ Birth Date: __________________________

Telephone: _____________________ Email Address: ________________________________

Present Address: _________________________________________________________________

Permanent Address: _______________________________________________________________

Marital Status:  ☐ Single    ☐ Engaged    ☐ Married    ☐ Widowed    ☐ Divorced

Dependents (name, age, and relationship) ____________________________________________

________________________________________________________________________________

What is your occupational goal? ____________________________________________________

What school will you be attending this fall (complete address)? __________________________

________________________________________________________________________________

☐ Full Time  ☐ Part Time  Expected graduation date: _________________________________

If part-time, please specify what else you will be doing? _______________________________

________________________________________________________________________________

Residence plans:  ☐ Dormitory    ☐ Home    ☐ Other (Specify)_____________________

In what course of study will your enrollment be, and at what academic level?

________________________________________________________________________________

Have you done post high school study in a field other than that which you will be in this fall? If so, what, and how do you explain your change of interest?

________________________________________________________________________________
Have you applied for or will you be receiving other scholarships for the next year? If yes, please explain:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Do you plan to stay and work in the area after graduation?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

INFORMATION REGARDING FAMILY

Father’s name: ________________________________________________________________

Place of employment: ___________________________________________________________

Occupation: ___________________________________________________________________

Mother’s name: ________________________________________________________________

Place of employment: ___________________________________________________________

Occupation: ___________________________________________________________________

Number and ages of siblings: _____________________________________________________

How many siblings in school? ___________ How many siblings in college? ___________

If married, spouse’s name: ________________________________________________________

Place of employment: ___________________________________________________________

Occupation: ___________________________________________________________________

Number and ages of children: _____________________________________________________
EDUCATION INFORMATION:

List in chronological order all schools attended beyond elementary school (with addresses) and degrees or diplomas obtained.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What honors, academic or otherwise, have you received and when?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

In what health- or science-related fields or activities have you been involved in, either for recreation, as a volunteer or an employee?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What qualifications do you feel you have for the occupation you have chosen? When did you decide on this field and what were some of the factors, which led to your decision?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

If you are not now in school, how have you been occupied since leaving school?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Who is the primary contributor to your support? ________________________________
Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Below, list your anticipated expenses for the coming school year:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuitions and fees</td>
<td>$_____________</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td>$_____________</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$_____________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$_____________</td>
</tr>
<tr>
<td>Loans</td>
<td>$_____________</td>
</tr>
<tr>
<td>Personal and other</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

Specify amount of other scholarships or grants which you have received or expect to receive:

________________________________________________________________________________
________________________________________________________________________________

How much assistance do you feel you need in paying tuition and fees?

________________________________________________________________________________
________________________________________________________________________________

Were you a Valley West Hospital Auxiliary Scholarship winner in the past?  □ Yes  □ No

Have you previously applied for a Valley West Hospital Auxiliary Scholarship?  □ Yes  □ No

Should you be a scholarship winner, a letter and check will be sent to your school's Financial Aid Office, using the address you listed on page 1. If the check should be directed to another address or department, please provide information below.

________________________________________________________________________________
________________________________________________________________________________

The information on the application is, to the best of my knowledge, complete and valid. I firmly plan to complete my intended course of study.

Signature of applicant: ________________________________ Date: ____________________

Revised 04/2016