

## **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)

**Northwestern Medicine Valley West Hospital  
AUXILIARY SCHOLARSHIP APPLICATION**

**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?

\_\_\_\_\_

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

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

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## 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.

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

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

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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?

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

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Who is the primary contributor to your support? \_\_\_\_\_

**3**Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain:

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

Tuitions and fees \$ _____	Room & Board \$ _____
Books and Supplies \$ _____	Transportation \$ _____
Loans \$ _____	Personal and other \$ _____

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

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

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**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.**

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**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**