

Kishwaukee Hospital Auxiliary
2019 Healthcare Scholarship
Instructions and Policies

Please read all instructions carefully before completing your application.

I. Eligibility for Scholarship

- A. Consideration is limited to persons who have an official letter of acceptance into a college level health-related program and intend to be a full-time student or to persons who are currently enrolled as a full time student in a health-related program at the college level. Students in general course of studies programs (i.e. pre-med, general education courses, liberal arts, etc.) are not eligible.
- B. One of the following criteria must be met to be eligible:
 - Legal address in DeKalb County
 - Immediate family member employed by Kishwaukee Hospital
 - Volunteer in good standing through Kishwaukee Hospital volunteer program and at least 20 hours of service.

II. Scholarship Information

- A. Applications are available at nm.org.
- B. A printed copy may be requested by contacting:

Deborah Nier, Volunteer Services Manager
One Kish Hospital Drive,
P.O. Box 707, DeKalb, IL 60115
Deborah.Nier@nm.org
- C. Scholarships are awarded on the basis of **demonstrated financial need, academic merit, and career goal**.
- D. Checks will be mailed directly to the recipient's school. The school to be attended need not be an Illinois institution.
- E. If a recipient drops out of school or changes their major to a non-health program, funds must be returned commensurate with the school year remaining. Contact Deborah Nier for more information on the refunding process.
- F. Continuing recipients may reapply annually for scholarships.
- G. Official proof of acceptance to a school of higher education must accompany this application or an official college transcript which indicates the applicant's major.
- H. Applicants will be notified by May 27, 2019 on the status of their application.

III. Completed Application Must Include:

- A. The application form (all applicants)
- B. Official letter of acceptance from your educational institution or applicant's major on the transcript (first time applicants)
- C. Two letters of reference (first time applicants)
- D. A written statement, stressing factors relevant to your career goals and qualifications, limited to one typewritten page (first time applicants)

NOTE: All of the above documents MUST be sent in one envelope.

IV. Transcripts

- A. Official transcripts from **all** academic institutions (high school and college) are required for all applicants. These may be mailed directly to the hospital. High school transcripts are required only if you graduated within the last ten years.
 - a. If you are a prior recipient, it is necessary to only update your records with your most recent transcripts.

V. Applications must be postmarked by May 6, 2019 and mailed to:

Kish Hospital Auxiliary Scholarship Chair
c/o Deborah Nier, Volunteer Services Manager
1 Kish Hospital Drive
DeKalb, IL 60115

Kishwaukee Hospital Auxiliary
2019 Healthcare Scholarship
Scholarship Application

Personal Information

Full Name _____

Permanent Address

Street _____

City _____ State _____ Zip _____

Telephone _____ Social Security Number xxx-xx-____

Email address _____

How long have you been a resident of DeKalb County? _____

Is an immediate family member employed by Kishwaukee Hospital?

Family Member Name _____ Relationship _____

Educational Information

Professional Goal _____

Name of your health-related program _____

Expected academic level as of September 2019 _____

College or university you will be attending _____

Grade Point Average _____ Expected graduation date _____

At college, will you be participating in an NCAA-administered sport? Yes _____ No _____

If yes, what sport? _____

Applicant's educational history, including high school, if you graduated within the last 10 years:

School	Location	Degree Received	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Honors and Awards Received

Employment History (Include employer and dates of employment)

Volunteer Service (Include agency and dates of service)

Have you volunteered at Kishwaukee Hospital? Yes _____ No _____

If yes, when and in what service area? _____

Should you be a scholarship recipient, what is the address where funds are to be directed (Be sure to provide name of institution and specific department/office where funds are to be sent).

Resources and Anticipated Expenses for the 2019-2020 Academic Year

<u>Resources</u>		<u>Expenses</u>	
Applicant		Tuition & Fees	
Spouse		Room/Board	
Relative's Contribution		Books & Supplies	
Savings		Personal	
Loans			
Other			
Scholarships, grants		Other	
Total		Total	

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain in a written statement. (Example: Current loans—amount and when due.)

Consent for Release of Information

“I hereby consent to the release of any information by the Kishwaukee Hospital Auxiliary Scholarship Committee that may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Kishwaukee Hospital Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose. I also consent to have my name and picture used for publicity purposes in the event that I receive a scholarship.”

Signature of Applicant _____ Date _____

Applications must be postmarked by May 6, 2019 and sent to:

Kish Hospital Auxiliary Scholarship Chair
 c/o Deborah Nier
 1 Kish Hospital Drive
 PO Box 707
 DeKalb, IL 60115

Please direct all questions to Deborah Nier, Volunteer Services Manager, at 815.756.1521 ext. 153372 or Deborah.Nier@nm.org.