



Scholarship Application

QUALIFICATIONS:

1. Residents of the area which Kewanee Hospital serves.
2. An applicant must be enrolled in a program of study for any of the allied health fields, including nursing, dietetics, medical record library science, pharmacy, X-ray technology, medical social work, occupational or physical therapy and medical technology.
3. The application form must be completed and returned April 1, 2010. As soon as an application has been approved or denied, the applicant will be informed.
4. A grant may be given on a one-year renewable basis contingent upon the student's sustained achievement.
5. The scholarship will be in the form of a check in the amount of \$700.00 payable to the school of the student's acceptance.
6. The school attended by the scholarship winner must be accredited or recognized as a legitimate institution in the health career fields.
7. Any high school graduate, not necessarily a college freshman, who has been accepted into or is currently enrolled in a program of study for one of the "allied health fields", may be considered.
8. If the scholarship is to be renewable, that renewal will be contingent upon the applicant filling a formal request for renewal and furnishing proof of academic achievement.
9. If the applicant fails to complete the school term the money (scholarship grant) is to be returned to the Kewanee Hospital Auxiliary. It is expected that the recipient will show proof of having completed the school term for which the award was granted.

SCHOLARSHIP APPLICATION

Kewanee Hospital Auxiliary – Elizabeth Baethke Memorial Scholarship

1. Full name _____

2. Present address _____

3. Telephone _____

4. Permanent address _____

5. Birthdate _____

6. Marital status (if not married, are you engaged?) _____

7. Dependents (name, age, and relationship) _____

8. What is your occupational goal? _____

9. What school will you be attending this fall? _____

10. Full or part time? _____

11. Expected graduation date _____

12. If part time, specifically what else will you be doing? _____

13. Residence plans: Dormitory _____ Home _____ Other (Specify) _____

14. In what course of study will you be enrolled, and at what academic level?

15. If a college undergraduate, what major, if any, have you declared? _____

16. 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?

17. Do you plan to stay in Illinois to work? _____

18. Information regarding family (CONFIDENTIAL. Need not be completed if you are completed self-supporting.)

(A) Fathers name _____

Occupation and approximate income _____

(B) Mothers name _____

Occupation and approximate income _____

(C) Number and ages of siblings _____

How many in school? _____ How many of these in college? _____

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

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

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

22. What particular 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?

23. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part time.

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

25. Who is the primary contributor to your support? _____

26. Do you contribute to the support of any other person(s) or have financial obligations?
If so, explain. _____

27. Below, list your resources and anticipated expenses for the coming school year.

RESOURCES		EXPENSES	
Parents	_____	Tuition and fees	_____
Friends and relatives	_____	Room	_____
Personal savings	_____	Board	_____
Employment during term	_____	Books & supplies	_____
Loans	_____	Transportation	_____
Scholarships/Grants	_____	Personal and other	_____
Other	_____		
Total	_____	Total	_____

28. How much assistance do you feel you need in paying tuition and fees? \$ _____

29. AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

- (1) AT LEAST TWO LETTERS OR REFERENCE, ONE PERSONAL AND ONE FROM A TEACHER OR COUNSELOR.
- (2) A BRIEFLY WRITTEN PROFILE OF YOURSELF, STRESSING ASPECTS RELEVANT TO YOUR OCCUPATIONAL CHOICE AND GOALS
(No more than one typewritten page).
- (3) YOUR HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT AND AVAILABLE APTITUDE AND ACHIEVEMENT TESTS. HIGH SCHOOL TRANSCRIPT NOT NECESSARY IF YOU HAVE HAD MORE TAN ONE YEAR OF COLLEGE.

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

Signature of applicant _____

Signature of parent or guardian _____
(If applicant is not completely self-supporting).