

2019 Illinois Hospital Research & Educational Foundation
Constituency on Volunteers of the Illinois Health and Hospital Association

SCHOLARSHIP APPLICATION

Before filling out, please read the Scholarship Application Instructions on page 4 of this application which also outlines documents needed to qualify for this scholarship. Print carefully filling in all blanks using N/A where not applicable.

I. PERSONAL INFORMATION

1. Full name _____ Date of birth _____

2. Present address

Street _____

City _____ Zip _____ Telephone _____

E-Mail: _____

3. Permanent address

Street _____

City _____ Zip _____ Telephone _____

4. Hospital nearest your home (your permanent address)

Name _____ City _____

5. Marital status _____

Spouse's name _____

Dependents (age and relationship) _____

II. EDUCATIONAL INFORMATION

1. What school will you attend this fall? _____

Full or part-time? _____

Expected graduation date? _____

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

2. What is your professional goal? _____

What is your course of study? _____

What is your expected academic level as of September, 2019? _____

What is your cumulative grade point average? _____ Medical Students (indicate check mark for passing status): _____

3. Residence plans: Dormitory _____ Home _____ Other (specify) _____

4. List in chronological order schools attended beyond elementary school, addresses and degrees/diplomas granted.

Name	Address	Degree	Year Graduated/Degree Received
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5. What honors (academic or otherwise) have you received and when? _____

III. OCCUPATIONAL INFORMATION

1. In what health or science-related fields or activities have you been involved, for recreation, as a volunteer, community work or an employee? (Please highlight any volunteer activities.)

2. List all employment and indicate whether you were full or part-time.
Please include any volunteer work and attach separate sheets if necessary.

Employer	Duty	Dates
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IV. CONFIDENTIAL INFORMATION (if independent of parents' financial assistance, indicate N/A)

1. Father's name _____

Place of employment

Company _____

Address _____

Occupation _____ Father's approximate yearly income _____

2. Mother's name _____

Place of employment

Company _____

Address _____

Occupation _____ Mother's approximate yearly income _____

3. Spouse's place of employment

Company _____

Address _____

Occupation _____ Spouse's approximate yearly income _____

4. Applicant's approximate yearly income _____

5. Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain.
(Example: current loans - amount and when due.)

6. Number and ages of siblings (if independent of financial need, indicate N/A) _____
How many in school? _____ How many in college? _____

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

RESOURCES (estimated per academic year)

Parents \$ _____
 Friends/relatives \$ _____
 Personal savings \$ _____
 Employment \$ _____
 Loans \$ _____
 Other* \$ _____

 TOTAL \$ _____

EXPENSES (per academic year)

Tuition/fees \$ _____
 Room \$ _____
 Board \$ _____
 Books/supplies \$ _____
 Transportation \$ _____
 Personal/other \$ _____

 TOTAL \$ _____

*List scholarships/grants you received this year: _____

As part of your application, please submit the following documents by **APRIL 15, 2019 - Due Date**

- 1) AT LEAST **(2) CURRENT LETTERS OF REFERENCE** SELECTED FROM TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY
- 2) **OFFICIAL LETTER OF ACCEPTANCE (PROOF OF ACCEPTANCE INTO THE MEDICAL FIELD)** (IF NOT CURRENTLY ENROLLED) FROM THE EDUCATIONAL INSTITUTION YOU WILL ATTEND
- 3) **PROFILE OF YOURSELF**, STRESSING FACTORS RELEVANT TO YOUR OCCUPATIONAL CHOICE AND GOALS, QUALIFICATIONS YOU HAVE TO PURSUE IN EDUCATION FOR YOUR CHOSEN PROFESSION
(Limit to one typewritten page)
- 4) AN **OFFICIAL COLLEGE TRANSCRIPT** WITH A **GRADE POINT AVERAGE** OF 3.5 OR BETTER
OR
- 5) **OFFICIAL HIGH SCHOOL TRANSCRIPT** WITH A **GRADE POINT AVERAGE** OF 3.5 OR BETTER IF YOU ARE ENTERING FRESHMAN YEAR, OR FIRST YEAR OF A HOSPITAL-BASED PROGRAM

All information required must be sent to: ILLINOIS HOSPITAL RESEARCH AND EDUCATIONAL FOUNDATION
 1151 E. WARRENVILLE ROAD
 PO BOX 3015
 NAPERVILLE, IL 60566
 Attn: CONSTITUENCY ON VOLUNTEERS SCHOLARSHIP

Consent for Release of Information

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Illinois Hospital Research and Educational Foundation may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Illinois Hospital Research and Educational Foundation are 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."

Signature of Applicant _____ Date Completed _____

ONLY SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED

For more information contact: Renna Lemberis at 630-276-5498 or rlemberris@team-iha.org