

Carle Foundation Hospital Auxiliary

ALL INFORMATION IN THIS APPLICATION IS CONSIDERED CONFIDENTIAL AND WILL BE FOR USE OF SCHOLARSHIP COMMITTEE ONLY. (Please print or type. All blanks must be completed. Use NA for not applicable)

Personal Information:

- 1. Full Name _____ Date of Birth _____
 - 2. Social Security Number _____ Telephone Number () _____ (optional)
 - 3a. Present Address _____

 - b. Permanent Address* _____

- *(All Carle Foundation Hospital Auxiliary correspondence will be sent to this address)
- 4. Dependents (ages and relationships) _____

Education Information:

- 1. What is your professional goal? _____
What is your course of study? _____
What is your present academic level? _____
What is your cumulative grade point average? _____
- 2. What school will you attend this Fall? _____
Full or Part time? _____ How many semester hours? _____
Expected graduation date? _____

(Any changes in the above information must be reported promptly to the Carle Foundation Hospital Auxiliary)

- 3. List in chronological order all schools attended beyond elementary school, giving location, degrees or diplomas granted.

SCHOOL	LOCATION	DEGREE
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 4. What honors (academic or otherwise) have you received and when?

(Please include all Carle Scholarships, including the year received)

Occupational Information:

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

2. List all the jobs you have held and indicate whether they were full or part time. Also, please include any volunteer work done not in the health care field.

EMPLOYER	DUTY	DATE	F/PT

3. If you are not currently in school, how have you been occupied since leaving school?

As part of your application, please submit:

1. At least two letters of reference selected from teacher, counselor, employer, supervisor, or clergy. Have letters sent directly to the scholarship chairman at the address below. (forms attached)
2. An official high school and/or college transcript. High school transcript needed only if you are entering freshman year of a two year associate degree or first year of a hospital based program. These must be sent directly to the scholarship chairman.
3. Official proof of acceptance (as soon as it is available) from the institution you will attend.
4. A profile of yourself, stressing factors relevant to your occupational choice and goals. State qualifications you have which will enable you to pursue the education for your chosen profession. Please limit to one typewritten page.
5. Completed application form.

Consent and Certification:

I have read the instructions for filing an application from the Carle Foundation Hospital Auxiliary and I certify that the above statements are correct and complete.

Signed _____ Date _____

Parental permission (those under the age of 18):

I have given permission for _____ to apply for the Carle Foundation Hospital Auxiliary scholarship, and in the event he/she is awarded this scholarship, I grant him/her permission to accept.

Parent or Guardian _____ Date _____

Media Release

I do / I do not give the Carle Foundation Hospital Auxiliary permission to publish any information about myself and my scholarship to the News Media and/or Carle communication if they deem the information to be of interest to the community or to Carle. All financial information will be considered confidential.

Signed _____ Date _____

Eligibility for Scholarship:

1. Any person (regardless of race, creed, color, nationality, sex or age) accepted into, or currently enrolled in, a healthcare professional curriculum is eligible. Consideration is limited to students who have been accepted in a healthcare professional sequence that is, when courses are open only to student candidates for degree or certification. (For instance, pre-nursing, pre-medical, pre-pharmacy applicants are NOT eligible until they have been accepted into nursing programs, medical school, etc.)
2. Applicants enrolled in an associate degree or hospital-based program will be considered their first year.
3. Applicants for advanced degrees will be considered individually.
4. Applicants must be Illinois residents and any changes in this residency should be promptly reported to the committee. The Scholarship Committee may request proof of Illinois residency.
5. The school to be attended need not be an Illinois institution; however, it must be accredited or recognized by the appropriate agencies as having an approved program.
6. Students having less than one academic year remaining until graduation are not for consideration.

Carle Foundation Hospital Auxiliary scholarships are given on an academic year basis, starting in the Fall of the year, (4 quarters, 2 semesters, or 3 trimesters) based on a student's scholastic achievement, financial need and the availability of funds. The amount awarded is to be applied toward tuition, books, fees and equipment. The check will be sent directly to the institution designated on the signed scholarship agreement.

Full time students will be given priority, however scholarships for anything less than full-time, will be decided on an individual basis. If anything changes the student's status from full to part-time (e.g. Classes dropped after classes begin) the committee must be notified as soon as possible.

If a recipient drops out of school while the award is in effect, the school will return the unused portion of the scholarship to the Auxiliary.

Selection of awards and notification will be completed by the third week in May. Applicants will be duly notified whether or not their application has been accepted.

Applicant's Responsibilities:

Direct all documents and any questions to the Scholarship Committee. The completed application with a Personal Profile, copy of Grade Transcripts and the three completed references (mailed in), should reach the Committee no later than April 1st. Applicants will be notified of the date, time, and place of their personal interview with the Scholarship Committee.

Scholarship Committee
Carle Foundation Hospital Auxiliary
611 West Park Street
Urbana, IL 61801



Carle Foundation Hospital Auxiliary Scholarship

_____ is applying for a medical Career Scholarship from the Carle Foundation Hospital Auxiliary, in the field of _____. In support of his/her application, the student requests a reference from you concerning moral and ethical character.

The information given in this recommendation will be considered confidential. The form should be mailed directly to the Auxiliary Scholarship Chairman.

The Auxiliary Scholarship is intended to encourage capable students regardless of race, creed, nationality, sex or age, to seek education in the delivery of healthcare services.

The intent of the Auxiliary is to aid in relieving the critical shortage of well-trained personnel involved with healthcare.

Please evaluate the characteristics of this candidate as:

EXCELLENT - 4 GOOD - 3 FAIR - 2 POOR - 1 INSUFFICIENT BASIS TO JUDGE - 0

Dependability _____	Cooperativeness _____	Conscientiousness _____
Stability _____	Industriousness _____	Initiative _____
Perseverance _____	Adaptability _____	Appearance & General Grooming _____

(Your Signature)

Please attach a letter with your opinion of this applicant's abilities and likelihood of achieving his/her goals. We thank you for your assistance.

Return to:

Scholarship Chairman
Carle Foundation Hospital Auxiliary
611 West Park St.
Urbana, IL 61801

This must be received no later than April 1st.

THIS PAGE MUST BE COMPLETED FOR
APPLICATION TO BE CONSIDERED

