



C.A.I.R. (Center for Athletic Injury Research)
SCHOLARSHIP APPLICATION Due April 1 each year.

NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street)

(City) (Zip Code) (County of Residence)

Telephone: _____
(Area Code) (Number)

E-Mail Address: _____

Social Security Number: _____

Date of Birth: _____

High School: _____

Year Graduated: _____ GPA: _____

Class Rank: _____

College/University Attending: _____

Major: _____ Minor: _____

College GPA: _____ Year of Graduation _____

Have you been awarded either the C.A.I.R. or Carle Foundation Hospital Auxiliary scholarships? If so, please list which one and in what year you accepted it. _____

How would this scholarship assist you in your education?
(attach additional pages if needed)

Requirements: Must Meet 1 of the Following

- _____ Mahomet-Seymour Graduate by June, 2008
- _____ Employee, spouse or child of Carle Foundation/Carle Clinic
- _____ Resident of Champaign, Piatt, Vermilion, Ford McLean, Douglas, or Edgar County

ESSAY: Please attach a brief descriptive essay stating your future plans and how they involve sports and health care.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION:

- High school transcript
- **Two** letters of recommendation—one from a teacher and one from a community member – see form below.
- Resume
- College transcript, if applicable

RETURN TO: C.A.I.R. Scholarship Fund
c/o Carle Hospital Auxiliary
Volunteer Services
611 West Park Street
Urbana, Illinois 61801



LETTER OF RECOMMENDATION FORMAT

APPLICANT: _____

Social Security Number: _____

Community Member Reference:

Name: _____

Title: _____

Address: _____

The applicant is applying for an unrestricted scholarship given to college students interested in health care and sports. Please comment on your relationship with this individual and your view of his/her commitment to education and sports. Please feel free to include any other pertinent comments.

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