HSBS ST. ANTHONY’S MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP GUIDELINES

1. The applicant must attend an accredited Illinois college working toward a degree related to the medical field.
2. The Scholarship Committee reserves the right to make judgment in cases not covered by the guidelines.
3. Students must maintain a 2.0 grade point average. Transcript required for most current year.
4. Payment of all scholarships is made in two installments. The first half of payment will be made by July 31 to the school. The second half will be made no earlier than January 1 – upon receipt of the student’s fall grades transcript.
5. Scholarship applicants must be postmarked by April 1.
6. All applications will receive a letter by July 1 indicating whether or not they are the recipient of the scholarship.
7. A photo must be attached to the cover page of the application, and photo consent signed. These photos will be used by the HSHS St. Anthony’s Memorial Hospital Auxiliary for publicity purposes. If an applicant is not accepted for a scholarship, the photo will be returned.
8. If for any reason the applicant is unable to enroll, the awarded scholarship is to be returned in full to the Auxiliary Treasurer.
9. A representative from HSHS St. Anthony’s Memorial Hospital will receive the application – keeping the cover page until the scholarship winners have been chosen so that the Scholarship Committee will not know the identity of the applicants until after the selection has been made.
APPLICATION FOR HSHS ST. ANTHONY’S MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

Please type or print. The completed application must be postmarked by April 1 and sent to:

HSHS St. Anthony’s Memorial Hospital
Attn: Auxiliary Scholarship
503 N. Maple Street
Effingham, IL 62401

Date of application _______________________________________________________

Name ________________________________________________________________

                   Last          First          Middle

Address __________________________ City _____________ State _____ Zip ________

Telephone Number ___________________ Email _____________________________

Please attach a recent photo to this page.
APPLICATION FOR HSHS ST. ANTHONY’S MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP
(Additional sheets may be used)

List names of high school(s) attended and number of years at each: ______________________

______________________________________________________

Name and address of Illinois college you plan to attend: _________________________________

______________________________________________________

Name of course of study or major you plan to take: _________________________________

What license, certificate, or degree is granted on completion? _________________________________

What are your employment goals/plans? ____________________________________________

______________________________________________________

List other honors and awards received: ____________________________________________

______________________________________________________

List school activities: ____________________________________________

List community activities: ____________________________________________

______________________________________________________

List your work experience: ____________________________________________

Please attach the most current grade transcript.

Please provide two (2) non-family letters of recommendation.

Please attach a short essay (approximately 150 words) stating your educational goals and how this scholarship will help you attain these goals.