



2008 Illinois Hospital Research and Educational Foundation Scholarship Application

Constituency on Volunteers of the Illinois Hospital Association.

Please print or type. All blanks must be completed. Use NA where not applicable.

I. Personal Information

1. Full name _____

2. a. Present Address

Name _____

Street _____

City _____ Zip _____ Telephone _____

E-Mail: _____

b. Permanent Address

Name _____

Street _____

City _____ Zip _____ Telephone _____

c. Hospital nearest your home

Name _____ City _____

3. Birth Date _____

4. a. Marital Status _____ b. Spouse's Name _____

c. Dependents (age & relationship) _____

II. Educational Information

1. a. What is your professional goal? _____

b. What is your course of study?

c. What is your expected academic level as of September, 2008? _____

d. What is your cumulative grade point average? _____

2. a. What school will you attend this fall? _____

b. Full or part-time? _____ c. Expected graduation date? _____

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

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

4. List in chronological order all schools attended beyond elementary school, addresses and degrees or 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, or an employee? (Please highlight any volunteer activities.)

2. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

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

IV. Confidential Information (if independent of parents' financial assistance, indicate N/A)

1. a. Father's name _____

b. Place of employment

Company _____

Address _____

c. Occupation & approximate income _____

2. a. Mother's name _____

b. Place of employment

Company _____

Address _____

c. Occupation & approximate income _____

3. a. Spouse's place of employment

Company _____

Address _____

b. Occupation & approximate income _____

4. Applicant's approximate income _____

5. a. Number & ages of siblings _____

b. How many in school? _____ How many in college?

6. 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.)

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

RESOURCES (Estimated per academic year)

EXPENSES (per academic year)

Parents	\$ _____	Tuition & fees	\$ _____
Friends & relatives	\$ _____	Room	\$ _____
Personal savings	\$ _____	Board	\$ _____
Employment	\$ _____	Books & supplies	\$ _____
Loans	\$ _____	Transportation	\$ _____
Other*	\$ _____	Personal & other	\$ _____

*List scholarships, grants, etc.; specify 1 Received; or 2 Applied for.

TOTAL \$ _____ TOTAL \$ _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT: (Due Date: April 15, 2008)

1) AT LEAST **TWO CURRENT LETTERS OF REFERENCE** SELECTED FROM TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY. HAVE LETTERS SENT DIRECTLY TO: ILLINOIS HOSPITAL RESEARCH AND EDUCATIONAL FOUNDATION, ATTN: CONSTITUENCY ON VOLUNTEERS SCHOLARSHIP, 1151 EAST WARRENVILLE ROAD, P.O. BOX 3015, NAPERVILLE, IL 60566.

2) **PROFILE OF YOURSELF**, STRESSING FACTORS RELEVANT TO YOUR OCCUPATIONAL CHOICE AND GOALS, QUALIFICATIONS YOU HAVE TO PURSUE YOUR EDUCATION FOR YOUR CHOSEN PROFESSION, LIMIT TO ONE TYPEWRITTEN PAGE.

3) AN OFFICIAL **HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT AND AVAILABLE APTITUDE AND ACHIEVEMENT TESTS**. *HIGH SCHOOL TRANSCRIPT NEEDED ONLY IF YOU ARE ENTERING FRESHMAN YEAR OR FIRST YEAR OF A HOSPITAL-BASED PROGRAM*. MUST BE SENT DIRECTLY TO ILLINOIS HOSPITAL RESEARCH AND EDUCATIONAL FOUNDATION, ATTN: CONSTITUENCY ON VOLUNTEERS SCHOLARSHIP.

4) **OFFICIAL PROOF OF ACCEPTANCE** (IF NOT CURRENTLY ENROLLED) FROM THE EDUCATIONAL INSTITUTION YOU WILL ATTEND.

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 is 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 THE SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED

12/07

For Information Contact: Renna Lemberis at 630/276-5498 or rlemberris@ihastaff.org.

(4 of 4 pages)