

SCHOLARSHIP APPLICATION INSTRUCTIONS & POLICIES of the SCHOLARSHIP AWARDS COMMITTEE

Please carefully read the information below.

I. ELIGIBILITY for SCHOLARSHIP

1. Any student currently **ENROLLED** or **ACCEPTED** into a certificate or degree conferring hospital related health care sequence is eligible (such as medical schools, dental schools, nursing programs, pharmacy schools, radiology technology programs, occupational/physical/speech therapy, etc.) Students in general course of studies programs (i.e. pre-med, general education courses, liberal arts, etc.) are not eligible.
2. Applicants enrolled in an associate degree or hospital-based program will be considered their first year (such as radiology techs, nuclear medicine techs, RNs, cardiac rehab techs, etc.)
3. Applicants must be Illinois residents.
4. The school to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program by the appropriate agencies.
5. Students having less than one academic year remaining until graduation are not eligible for consideration.
6. In order to be competitive, a 3.5 GPA out of 4 points or a 4.5 GPA out of 5 points is necessary.

II. FACTS PERTAINING to SCHOLARSHIP

1. IHREF scholarships are given on an academic year (4 quarters or 2 semesters), based on the student's scholastic achievement, financial need and the availability of funds.
2. A \$1,000 award to be applied toward tuition, fees, or books will be sent to the authorities as designated by the scholarship recipient.
3. If a recipient drops out of school while the award is in effect, funds must be returned commensurate with the school year remaining. (For example, for one-half of the academic year, one-half of the award must be repaid.)
4. Selection of recipients is made in June. Only the scholarship recipients will be notified.

III. APPLICANT'S RESPONSIBILITIES

1. Send all documents to: Scholarship, The Illinois Hospital Research and Educational Foundation, 1151 East Warrenville Road, PO Box 3015, Naperville, IL 60566. Questions, contact Renna Lemberis at 630-276-5498 or rlemberris@team-iha.org.
2. Completed application and references must reach IHREF by **APRIL 15, 2016**.

2016 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. Also, see page 4 of this application for 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, 2016? _____

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 _____

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)

EXPENSES (per academic year)

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

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

TOTAL \$ _____

TOTAL \$ _____

*List scholarships/grants you received this year: _____

As part of your application, please submit the following documents by **APRIL 15, 2016 - 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 rleberis@team-ih.org