

## 2023 CGH Health Foundation Nursing and Healthcare Scholarships

There is one application for 4 scholarships.

### DEADLINE

Due Thursday, June 15, 2023

### **NURSING SCHOLARSHIPS – due June 15, 2023** *(includes coursework for CNA, CMA, LPN, RN, BSN, MSN, NP)*

#### **SCHOLARSHIP: Althea Larson Nursing Scholarship**

**SPONSOR:** CGH Health Foundation

**AWARD: Three \$3,000 scholarships, renewable up to 4 years**

The Althea Larson Nursing Scholarship was created in 2002 by the CGH Health Foundation to assist qualified individuals in pursuing a professional nursing career. It was renamed in 2012 to honor the late Mrs. Larson, who was a former CGH Board member and Foundation trustee. The scholarship is based on financial need and can only be applied toward tuition and fees. Scholars may receive up to four (4) annual scholarships. Full- and part-time students in an accredited program for nursing may apply. Must commit to work at CGH Medical Center.

#### **SCHOLARSHIP: Edgar and Florence Hall Nursing Scholarship**

**SPONSOR:** Maxine Hall

**AWARD: \$1,000 for one year**

The Edgar and Florence Hall Nursing Scholarship was created in 2007 by their daughter, Maxine Hall, in their honor. Miss Hall was a long-time area teacher and supporter of continuing education. The scholarship is for full- and part-time students pursuing a degree in nursing. The award is based on merit as well as financial need. Funds will be applied toward tuition and fees.

### **HEALTHCARE SCHOLARSHIPS (nursing students may apply) – due June 15, 2023**

#### **SCHOLARSHIP: Sterling Rock Falls Community Trust Healthcare Scholarship**

**SPONSOR:** Sterling Rock Falls Community Trust

**AWARD: Two \$3,000 scholarships for one year**

The Sterling Rock Falls Community Trust Healthcare Scholarship was created in 2004 in partnership with the CGH Health Foundation to assist qualified individuals in pursuing nursing or healthcare careers. Full- and part-time students may apply. One of the goals of the Trust is to provide educational scholarships for new and previous high school graduates from the Sterling-Rock Falls area. A 7-person board oversees the good works of the Trust, which has been in existence since 1968.

#### **SCHOLARSHIP: Marrietta and Bill Lilly Healthcare Scholarship**

**SPONSOR:** Lilly Family

**AWARD: \$1,000 for one year**

The Marrietta and Bill Lilly Healthcare Scholarship was created in 2006 by their family in grateful appreciation for the care received at CGH Medical Center prior to Marrietta's death. Her family was so impressed with CGH staff that they wish to honor this excellence by assisting local individuals in pursuing a career in healthcare. Bill Lilly passed away in 2018. The healthcare scholarship is based on financial need. Full/part-time students may apply.

## APPLICATION CRITERIA

### Eligibility Requirements

- ✓ Resides in CGH Medical Center service area (includes Whiteside, Lee, Carroll, Ogle, and Bureau counties)
- ✓ Demonstration of financial need; merit also considered
- ✓ Minimum 3.0 grade point average on a 4.0 scale overall or equivalent
- ✓ Proof of acceptance in accredited nursing program (CAN, CMA, LPN, RN, ADN, BSN, MSN, NP)

**OR**

- ✓ Proof of acceptance in accredited healthcare program (such as physical therapy, speech pathology, pharmacy, emergency medical technician, radiology technology, dietitian, for example)  
**DOES NOT INCLUDE pre-med, pre-physical therapy and other type designations**

**Note: CGH Auxiliary Scholarships are NOT administered by the CGH Health Foundation. Please do not send those applications to the Foundation.**

## DEADLINE – Due Thursday, June 15, 2023

Please print or type

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Student cell phone: \_\_\_\_\_ Student email: \_\_\_\_\_

High school attended/Graduation year \_\_\_\_\_

### Student's Status

First-time applicant  Renewal applicant Expected credits per semester \_\_\_\_\_

List cumulative grade point average \_\_\_\_\_

Name of the school accepted at: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expected graduation date from your nursing/healthcare program: \_\_\_\_\_ (mo)/\_\_\_\_\_ (yr)

Please indicate degree sought: \_\_\_\_\_

### Financial Information

Your primary source of support/income - **Please Check One:**

\_\_\_\_\_ Your parents (**even if you have your own tax return, if you are claimed by your parents on their return, send one page from your PARENTS' tax return showing adjusted gross income**)

\_\_\_\_\_ You and your spouse

\_\_\_\_\_ You are self-supporting (**send your own return ONLY if not claimed on your parents' return**)

Number of immediate family members currently enrolled in college besides yourself \_\_\_\_\_

Extenuating circumstances (family illness, loss of job, etc.) \_\_\_\_\_

Parent/Guardian place of employment 1 \_\_\_\_\_

Parent/Guardian place of employment 2 \_\_\_\_\_

Student's place of employment \_\_\_\_\_

Number of dependent persons in the family claimed on tax return \_\_\_\_\_

Family's adjusted gross income (from page 1 of most recent income tax report filed) \$ \_\_\_\_\_  
**(if you are claimed as a dependent on your parents' tax report, then submit ONLY page showing the adjusted gross income)**

Are you eligible for or receiving tuition reimbursement from CGH Medical Center? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please list any educational loans and/or scholarships you have applied for:

---

---

---

**PLEASE READ CAREFULLY!**

**YOUR APPLICATION WILL NOT BE CONSIDERED IF ANY  
OF THE FOLLOWING ITEMS ARE MISSING.**

**APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting**

Submit the following: (1) Email as an attachment to: [foundation@cghmc.com](mailto:foundation@cghmc.com) (2) Mail to CGH Health Foundation, 100 E. LeFevre Road, Sterling 61081 or (3) drop off at Foundation office, 2600 N. Locust St., Sterling, **on Thursday, June 15, 2023.**

- A brief profile of yourself emphasizing occupational goals. (4 to 5 paragraphs typewritten)
- Copy of grades (include **unofficial** record of grades, **does not need to be notarized**, see school counselor for assistance if necessary)
- Copy of acceptance letter from school indicating program admitted to (**must be fully accepted and not still taking general education requirements prior to starting professional program**).
- Copy of **first page only** of parents' personal income tax return. If you are claimed by your parents, we will only consider their tax return. If you are not claimed as a dependent by your parents, then submit your own tax return.
- Two letters of recommendation.
- DO NOT SUBMIT** until all boxes above have been checked.

Before submitting, if you have any questions about above instructions, please email or call Joan Hermes, Foundation Executive Director, at [joan.hermes@cghmc.com](mailto:joan.hermes@cghmc.com) or 815/625-0400, ext. 5672.

**PERTINENT INFORMATION FOR AWARDEES:**

1. Monies will be disbursed directly to the college/university.
2. Scholarship recipients are required to submit proof of registration before disbursement occurs.
3. Scholarship recipients are required to submit copy of grades, showing proof of maintaining a minimum 3.0 GPA on a 4.0 GPA scale.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\*\* \_\_\_\_\_ Date: \_\_\_\_\_

\*\*If applicant is under the age of 18

**CONSENT AGREEMENT for those applying for Althea Larson Nursing Scholarship**

**SCHOLARSHIP: Althea Larson Nursing Scholarship**

**SPONSOR:** CGH Health Foundation

**AWARD:** Three \$3,000 scholarships, renewable up to 4 years

- Scholars may receive up to four (4) annual scholarships
- Full- and part-time students in an accredited program for nursing may apply
- Two letters of recommendation required
- Minimum 3.0 GPA
- Must commit to work at CGH Medical Center for 2 years if pursuing Associate's Degree
- Must commit to work at CGH Medical Center for 3 years if pursuing Bachelor's Degree

**Applicant agreement for an individual pursuing an ASSOCIATE'S Degree**

***(Please read carefully before signing)***

*The information on this form is to the best of my knowledge complete and valid. If I am selected and accept the Althea Larson Nursing Scholarship, I am obligated to practice as a nurse at CGH Medical Center, Sterling, IL, in any full-time available position for two years immediately upon graduation.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_  
\*If applicant is under the age of 18

**OR**

**Applicant agreement for an individual pursuing a BACHELOR'S Degree**

***(Please read carefully before signing)***

*The information on this form is to the best of my knowledge complete and valid. If I am selected and accept the Althea Larson Nursing Scholarship, I am obligated to practice as a nurse at CGH Medical Center, Sterling, IL, in any full-time available position for three years immediately upon graduation.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_  
\*If applicant is under the age of 18