CGH MEDICAL CENTER AUXILIARY
HEALTHCARE SCHOLARSHIPS

The CGH Medical Center Auxiliary awards annual $1,000 scholarships to students who are enrolled and **accepted** into a health-related program, reside in the area served by CGH Medical Center and meet the criteria established by the Auxiliary. Scholarships are awarded based on the applicant's character, academic achievements, activities, financial need and community service. Academic achievement requires a minimum of 3.0 grade point average on a 4.0 scale overall or equivalent. Scholarship amounts are paid directly to the educational institution. The Scholarship Committee's definition of "health-related" **does not include:**

- Prerequisites or core curriculum necessary prior to acceptance into the specific health-related program.
- Degree specialties including pre-med, pre-pharmacy, physical therapy, audiology, speech therapy (and others) unless you have been accepted into the program which usually happens in these majors at the junior, senior or post graduate level of college.

CGH AUXILIARY SCHOLARSHIP
DUE on or before June 15
Please print or type

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Student Cell Phone: _____ Student E-Mail: _____

High School Attended/Graduation Year: _____

Student's Status

Cumulative Grade Point Average: _____From (name of school): _____

Name of the School Accepted at: _____

Address: _____

City: _____ State: _____ Zip: _____

Expected Graduation Date from your Healthcare Program: _____(mo) _____(yr)

Degree Sought: _____

Financial Information

Your primary source of support/income – **Please Check One**

You must include a copy of the page of the tax return on which you are claimed.

_____ You are self-supporting (check this ONLY if not claimed on your parents' return)
_____ You and your spouse
_____ Your parents or legal guardian
_____ Other Relationship to yourself _____

Are there any immediate family members currently enrolled in college besides yourself? YES or NO. If YES, explain

_____

Extenuating circumstances (family illness, loss of job, etc.): _____

_____

Annual cost of tuition only: _____

Please list any educational loans, scholarships or tuition assistance from any source you will receive.

_____

_____

_____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian**: _____ Date: _____

**If applicant is under the age of 18

PLEASE READ CAREFULLY
YOUR APPLICATION WILL NOT BE CONSIDERED
IF ANY OF THE FOLLOWING ITEMS ARE MISSING
NO EXCEPTIONS!

Submit the following to **CGH Medical Center Auxiliary, Attn: Scholarship Committee, 100 East LeFevre, Sterling, IL 61081** or e-mail to Debra.Keaschall@cghmc.com. The packet is due **on or before June 15**.

- ☐ A brief profile of yourself including academic activities and achievements, volunteer services, employment, and career 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 needed)
- ☐ 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 **the page showing income** of a current personal income tax return. (Please "black out" all Social Security numbers before submission. The tax form will be shred immediately after recipient selection.) If you are claimed by your parents/legal guardian, we will only consider their tax return. If you are not claimed as a dependent by your parents/legal guardian, then submit your own tax return.
- ☐ Two letters of recommendation. These must be **dated, signed and written within the last 12 months by someone other than a relative.**

If awarded a scholarship, the committee will need the following information for sending the check:

Name of School _____ *Name of Office* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Questions can be directed to Debra.Keaschall@cghmc.com or 815-625-0400 Ext. 5727.

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