

## 2021 CGH Health Foundation Healthcare Scholarship

### DEADLINE

Due Wednesday, Sept. 15, 2021 at 5 p.m.  
to joan.hermes@cghmc.com

### HEALTHCARE SCHOLARSHIP (nursing students may also apply)

**SCHOLARSHIP: Ed Andersen Healthcare Scholarship**

**SPONSOR: CGH Medical Center**

**AWARD: \$2,000 for one year**

The Ed Andersen Healthcare Scholarship was established in 2014 by the CGH Board of Directors in gratitude for the former CGH CEO/President's exemplary career of more than 35 years. Ed's commitment and example of service to others left a tremendous impact on the healthcare status of our area communities. The healthcare scholarship is based on merit and financial need. Full- and part-time healthcare and nursing 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 (CNA, 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***

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#### **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 the page from your PARENTS' 2020 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 1)**

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:

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**PLEASE READ CAREFULLY!**

**YOUR APPLICATION WILL NOT BE CONSIDERED IF ANY OF THE FOLLOWING ITEMS ARE MISSING. NO EXCEPTION.**

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

Submit the following: Scan and email to [joan.hermes@cghmc.com](mailto:joan.hermes@cghmc.com) or drop off at Foundation office, 2600 N. Locust St., Sterling, **by 5 p.m. on Wednesday, Sept. 15, 2021.**

- 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' 2020 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