

CENTEGRA HOSPITAL WOODSTOCK AUXILIARY

Scholarship Application

Centegra Hospital-Woodstock Auxiliary,
3701 Doty Rd., Woodstock, IL 60098

CENTEGRA HOSPITAL WOODSTOCK AUXILIARY

Scholarship Application

As part of your application, please submit:

1. At least two letters of reference selected from teachers, counselors, employers, supervisors or clergy.

Letters must be sent directly to:

Sechan / Scholarship Chairperson

Centegra Hospital-Woodstock Auxiliary,
3701 Doty Rd., Woodstock, IL 60098

2. A written profile presenting your occupational choice and goals. Include your qualifications for pursuing a career in the medical profession. Please limit this profile to one typewritten page.
3. Official proof of acceptance into a healthcare professional program from the educational institution you are attending or will attend.
4. Current official school transcript showing grades for the last 2 semesters along with the official GPA. The transcript must be sent directly to us from the school.
5. Completed applications and references must be received by the last Friday in May. NO EXCEPTIONS
6. Signature and date completed:

Signature of Applicant

Date

CENTEGRA HOSPITAL WOODSTOCK AUXILIARY

Scholarship Application

Please print or type. All blank lines must be completed or use 'NA' where not applicable.

PERSONAL INFORMATION

Name (first, middle, last)

Present Street Address

Telephone

City

State

Zip Code

Permanent Street Address

Telephone

City

State

Zip Code

Date of Birth

Marital Status

Dependents (specify age and relationship)

EDUCATIONAL INFORMATION

What is your professional goal? _____

What is your course of study and present academic level? _____

What school will you be attending this fall? _____

Full time or part time? _____

Expected graduation date? _____

If part time, please specify what else you will be doing? _____

What is your current grade point average (include proof of GPA, i.e. official transcripts)? _____

What Honors (academic or otherwise) have you received and when? _____

EDUCATIONAL INFORMATION (CONTINUED)

List, in chronological order, all schools attended beyond elementary school, addresses, and degrees or diplomas granted.

School Name		Degree
Address	City	State
School Name		Degree
Address	City	State
School Name		Degree
Address	City	State
School Name		Degree
Address	City	State

OCCUPATIONAL INFORMATION

In what health or science-related fields or activities have you been involved for recreation, as a volunteer, or as an employee? (please highlight any volunteer activities) _____

List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time.

Employer	Date	
Duties		Full or Part Time
Employer	Date	
Duties		Full or Part Time
Employer	Date	
Duties		Full or Part Time
Employer	Date	
Duties		Full or Part Time
Employer	Date	
Duties		Full or Part Time

CENTEGRA HOSPITAL WOODSTOCK AUXILIARY

Healthcare Scholarship Applications

ELIGIBILITY FOR SCHOLARSHIPS

1. Applicant must be a high school graduate.
2. Applicants must be accepted into or be currently enrolled in a healthcare professional curriculum. Consideration is limited to students who have been accepted into a healthcare professional sequence whose courses lead directly to a degree or certificate in a health-related field.
3. Applicants enrolled in an Associate degree or hospital-based program will be considered for scholarships.
4. The school to be attended need not be an Illinois institution, but 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. Applicants must be McHenry County residents or be employed by Centegra.
7. Proof of a GPA of 'C' or better is required.

FACTS PERTAINING TO THE SCHOLARSHIP

1. Scholarships are given for one academic year.
2. A \$1,000.00 scholarship, to be applied toward tuition, fees or books, will be sent to the school designated by the recipient.
3. A \$3,000.00 Audrey Ballard Nursing Scholarship (NURSING ONLY) will be sent to the school designated by the recipient.
4. If the recipient leaves school within the time limit for a refund of money paid, said money must be returned to Centegra Hospital Woodstock Auxiliary.
5. Former scholarship recipients are not eligible to apply.
6. Completed applications must be received by the last Friday in May. NO EXCEPTIONS
7. Selection of scholarship recipients will be made in June/July. All applicants will be notified of their results.
8. For questions, please call the Auxiliary Office at 815.334.3119