

AUXILIARY TO CENTEGRA HOSPITAL  
McHENRY



HEALTH CARE  
Scholarship Application  
2012

Auxiliary to Centegra Hospital-McHenry  
4201 Medical Center Drive  
McHenry, Illinois 60050

Auxiliary Office: 815-759-4311

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## 2012 Application for Health Care Scholarship Auxiliary to Centegra Hospital-McHenry

### Application Requirements:

- \* Be a high school graduate or equivalent.
- \* Be currently enrolled in a health care career program in at least a third year level. (For an Associate Degree program in nursing, this would be in the last year.)
- \* Provide the date your next semester begins.
- \* Live in the Centegra Health System service area.
- \* Be currently employed by Centegra, or be an immediate family member of a Centegra employee or volunteer.
- \* Meet the May 1, 2012 deadline for application.
- \* Furnish transcripts of grades to the scholarship committee by May 1, 2012. (Only transcripts sent directly from the school will be accepted.)
- \* Furnish proof of acceptance into a health career program, (congratulatory letter).

**Criteria for Selecting Candidates will be:** completed application, stated career goals, grades, work experience, letters of recommendation and the contents of a short theme.

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**Auxiliary to Centegra Hospital-McHenry**  
**Health Care Scholarship Application**

**Personal Information:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
(First, middle initial, last)  
Permanent Address \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

**Connection to Centegra:**

Do you or an immediate family member work or volunteer for Centegra? If self, list position \_\_\_\_\_  
\_\_\_\_\_. If family member, list name and position \_\_\_\_\_

Have you been awarded this scholarship in the past? If yes, year of award \_\_\_\_\_ No \_\_\_\_\_

If employed by Centegra are you eligible for tuition reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_

(Answering yes to the above questions Does Not disqualify you.)

**Scholastic Background:**

List all educational degrees, certificates or awards in chronological order starting with high school

\_\_\_\_\_  
School City State Degree

\_\_\_\_\_  
School City State Degree

\_\_\_\_\_  
School City State Degree

\_\_\_\_\_  
School City State Degree

What school will you attend when your next semester begins? When do you expect to graduate or complete your current course of study?

\_\_\_\_\_  
School City, State Semester Begins Expected Graduation/Completion

What is your current academic level? \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Scholastic Background (continued)

What certificate or degree are you working toward? \_\_\_\_\_

**State your academic and career goals:**

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**Employment/Volunteer Experiences:**

Employer	Type of work	Date
Employer	Type of work	Date
Employer	Type of work	Date
Employer	Type of work	Date
Employer	Type of work	Date

Please list any awards or special achievements in the space below.

**PLEASE SUBMIT THE FOLLOWING REQUIRED ITEMS:**

- \*A copy of the acceptance letter into your health career program
  
- \*A one page theme listing why you chose a career in the health field and what you can offer in this field. Include why this scholarship is important to you.
  
- \*A transcript of your grades sent **directly from the school you are attending**  
**To the scholarship committee**
  
- \*Two letters of recommendation
  
- \*Completed application

**All required items must be received by the Scholarship Committee by May 1, 2012. This also includes the transcripts sent by your school.**

Send the completed application to:

Auxiliary to Centegra Hospital-McHenry  
Scholarship Committee  
4201 Medical Center Drive  
McHenry, IL. 60050

For information call: Auxiliary Office at 815-759-4311

**APPLICATION DUE BY MAY 1, 2012**

**Please Note:** The scholarship committee will meet to review all applications. Four scholarships in the amount of \$2,000.00 each will be awarded. All applicants will be notified by early June. Thank you for your interest in our scholarship program.