

2019

IHREF/CoV SCHOLARSHIP FUND PROJECT

Hospital/Auxiliary \_\_\_\_\_ Region \_\_\_\_\_

Check amount enclosed \$ \_\_\_\_\_

*Make payable to:*  
**IHREF Scholarship Fund**  
(Illinois Hospital Research & Educational Foundation)

Signed \_\_\_\_\_ Title \_\_\_\_\_

Auxiliary  
President \_\_\_\_\_  
*(please type or print)*

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your check to be accompanied with this form and mail to:*

IHREF - Scholarship Fund  
35178 Eagle Way  
Chicago, IL 60678-1351