

## 2020 Illinois Hospital Research & Educational Foundation

Constituency on Volunteers of the Illinois Health and Hospital Association

### SCHOLARSHIP APPLICATION

*Before filling out, please read the Scholarship Application Instructions on page 4 of this application which also outlines documents needed to qualify for this scholarship. Print carefully filling in all blanks using **N/A** where not applicable.*

#### **I. PERSONAL INFORMATION**

1. Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

2. Present address

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail: \_\_\_\_\_

3. Permanent address

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

4. Hospital nearest your home (your permanent address)

Name \_\_\_\_\_ City \_\_\_\_\_

5. Marital status \_\_\_\_\_

Spouse's name \_\_\_\_\_

Dependents (age and relationship) \_\_\_\_\_

#### **II. EDUCATIONAL INFORMATION**

1. What school will you attend this fall? \_\_\_\_\_

Full or part-time? \_\_\_\_\_

Expected graduation date? \_\_\_\_\_

If part-time, specifically what else will you be doing? \_\_\_\_\_  
\_\_\_\_\_

2. What is your professional goal? \_\_\_\_\_

What is your course of study? \_\_\_\_\_

What is your expected academic level as of September, 2020? \_\_\_\_\_

What is your cumulative grade point average? \_\_\_\_\_ Medical Students (indicate check mark for passing status): \_\_\_\_\_

3. Residence plans: Dormitory \_\_\_\_\_ Home \_\_\_\_\_ Other (specify) \_\_\_\_\_

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

Name	Address	Degree	Year Graduated/Degree Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. What honors (academic or otherwise) have you received and when? \_\_\_\_\_

\_\_\_\_\_

### III. OCCUPATIONAL INFORMATION

1. In what health or science-related fields or activities have you been involved, for recreation, as a volunteer, community work or an employee? (Please highlight any volunteer activities.)

\_\_\_\_\_

\_\_\_\_\_

2. List all employment and indicate whether you were full or part-time.

Please include any volunteer work and attach separate sheets if necessary.

Employer	Duty	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. CONFIDENTIAL INFORMATION** *(if independent of parents' financial assistance, indicate N/A)*

1. Father's name \_\_\_\_\_

Place of employment

Company \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Father's approximate yearly income \_\_\_\_\_

2. Mother's name \_\_\_\_\_

Place of employment

Company \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Mother's approximate yearly income \_\_\_\_\_

3. Spouse's place of employment

Company \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's approximate yearly income \_\_\_\_\_

4. Applicant's approximate yearly income \_\_\_\_\_

5. Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain.  
(Example: current loans - amount and when due.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number and ages of siblings *(if independent of financial need, indicate N/A)* \_\_\_\_\_  
How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

7. Below, list resources and anticipated expenses for the coming school year.

RESOURCES (estimated per academic year)

Parents \$ \_\_\_\_\_  
 Friends/relatives \$ \_\_\_\_\_  
 Personal savings \$ \_\_\_\_\_  
 Employment \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 Other\* \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

EXPENSES (per academic year)

Tuition/fees \$ \_\_\_\_\_  
 Room \$ \_\_\_\_\_  
 Board \$ \_\_\_\_\_  
 Books/supplies \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_  
 Personal/other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\*List scholarships/grants you received this year: \_\_\_\_\_

As part of your application, please submit the following documents by **APRIL 15, 2020 - Due Date**  
 Scholarship Amount - \$1000.

- 1) AT LEAST **(2) CURRENT LETTERS OF REFERENCE** SELECTED FROM TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY
- 2) **OFFICIAL LETTER OF ACCEPTANCE (PROOF OF ACCEPTANCE INTO THE MEDICAL FIELD)** (IF NOT CURRENTLY ENROLLED) FROM THE EDUCATIONAL INSTITUTION YOU WILL ATTEND
- 3) **PROFILE OF YOURSELF**, STRESSING FACTORS RELEVANT TO YOUR OCCUPATIONAL CHOICE AND GOALS, QUALIFICATIONS YOU HAVE TO PURSUE IN EDUCATION FOR YOUR CHOSEN PROFESSION  
 (Limit to one typewritten page)
- 4) AN **OFFICIAL COLLEGE TRANSCRIPT** WITH A **GRADE POINT AVERAGE** OF 3.5 OR BETTER  
 OR
- 5) **OFFICIAL HIGH SCHOOL TRANSCRIPT** WITH A **GRADE POINT AVERAGE** OF 3.5 OR BETTER IF YOU ARE ENTERING FRESHMAN YEAR, OR FIRST YEAR OF A HOSPITAL-BASED PROGRAM

All information required must be sent to: ILLINOIS HOSPITAL RESEARCH AND EDUCATIONAL FOUNDATION  
 1151 E. WARRENVILLE ROAD  
 PO BOX 3015  
 NAPERVILLE, IL 60566  
 Attn: CONSTITUENCY ON VOLUNTEERS SCHOLARSHIP

**Consent for Release of Information**

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Illinois Hospital Research and Educational Foundation may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Illinois Hospital Research and Educational Foundation are concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose."

Signature of Applicant \_\_\_\_\_ Date Completed \_\_\_\_\_

*ONLY SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED*

For more information contact: Renna Lemberis at 630-276-5498 or [rleberis@team-ihf.org](mailto:rleberis@team-ihf.org)