

Dear Scholarship Applicant:

Thank you for requesting an application and information concerning the OSF St. Joseph Auxiliary Scholarship program.

The following should prove helpful in answering any questions you may have:

- Any deserving student who is enrolled in an accredited program in the healthcare field is eligible to submit an application for the scholarship. This includes fields such as: Nursing, Lab Technician, Medical School, Radiology, Medical Records, L.P.N., Physical Therapy, etc.
- The OSF St. Joseph Auxiliary awards scholarships to students each year. Decisions are based on the following criteria: financial need, academic performance, and career interest. Should the person receiving the scholarship **not** finish their education endeavor, a prorated amount of the scholarship must be repaid.
- A special committee will meet at Mid July 2023, to select the recipients of the scholarships. All applicants will be sent a letter informing them of the committee's decision the end of July 2023. The scholarship checks for Fall,2023 semester will be sent at this time directly to the recipient's designated school.

All persons wishing to be considered for a scholarship and who meet the Auxiliary's requirements **must complete and return the enclosed application and all supporting materials by July 15th, 2023 to:**

**OSF St. Joseph Auxiliary
C/O Scholarship Committee
2200 E Washington St
Bloomington, IL 61701**

If you have any questions or need additional information please contact:

Email: SJMCAuxiliary@osfhealthcare.org.

Sincerely,

Auxiliary Scholarship Committee

Kris Burke
Rosemary Danaher

OSF St. Joseph Auxiliary Scholarship Application

Please print or type. All blanks must be completed. Use N/A where not applicable.

Personal Information			
Full Name			
Permanent Address – Street			
City		State	Zip Code
Phone Number (Home or Cell)			
EMAIL:			
Birth Date			
Marital Status		Spouse's name	
Dependents	Name	Relationship	Age
Educational Information			
What is your professional goal?			
What is your course of study?			
What is your expected academic level as of September 2022 (Fresh.,Soph., Jr.,Sr.)?			
What is your cumulative grade point average (GPA)? Please include scale (ex: 4.0, 5.0)			
What school will you attend in the fall?			
Are you a full or part time student?			
School	Address	Degree/Diploma	

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

Do you have an affiliation with or connection to OSF St. Joseph Medical Center?

Occupational Information

In what health or science related fields or activities have you been involved, as an employee, a volunteer, a student or for recreation?

List past employment with details (please include volunteer work)

Dates From/To	Employer	Title/Responsibilities	Full or part time

If you are not currently in school, how have you been occupied since leaving school?

Confidential Information (If independent of parents' financial assistance, indicate N/A)

Father's name

Occupation

Place of employment

Mother's name

Occupation

Place of employment

Combined approximate annual income of parents.

Spouse's name (if not married, please indicate N/A)

Occupation and approximate annual income

Place of employment

Applicant's approximate annual income

Do you have siblings? How many? What are their ages?

How many are in college?

How much are your parents contributing to your and / or your siblings' tuition/expenses?

Do you contribute to the support of any other person(s) or have other financial obligations?
If so, explain. (Example: current loans, living expenses, automobile, insurance, childcare, etc.)
Please list amounts of each:

Have you previously applied or do you currently plan on applying for tuition reimbursement through OSF HealthCare (applicable only to qualified OSF employees)?

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

Resources (Estimated per academic year)		Expenses (Estimated per academic year)	
Parents	\$	Tuition/Fees	\$
Friends/Relatives	\$	Room/Board	\$
Personal Savings	\$	Books/Supplies	\$
Employment	\$	Transportation	\$
Loans	\$	Personal/Other	\$
Other	\$		
Scholarships/Grants/ received	\$		
Applied for	\$		
Total	\$	Total	\$

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 OSF St. Joseph Auxiliary Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as OSF St. Joseph Auxiliary Scholarship Committee is 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 _____