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 <u>not</u> 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 <u>must</u> 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@osfheathcare.org.

Sincerely,

Auxiliary Scholarship Committee

Kris Burke Rosemary Danaher

Instructions and Requirements

Please submit the following as part of your application:

- 1. Complete the Enclosed Application. *This application is double sided*.
- 2. <u>Two (2) letters of reference</u> selected from a teacher, counselor, employer, supervisor or clergy member. Letters must be sent directly to:

OSF St. Joseph Auxiliary 2200 E Washington St Bloomington, IL 61701 OR Emailed by the writer to SJMCAuxiliary@osfhealthcare.org

*Note: It is recommended that you follow up with your reference requests to be sure they have sent the letters to us by the application deadline.

- 3. <u>A introduction and profile</u> of yourself, stressing factors relevant to your occupational choice and goals and qualifications you feel you have to pursue your education for your chosen profession. Limit this essay to one typewritten page and include as a cover page with your application. You may mail this or use our email.
- 4.. *An official high school or college transcript. This is your last transcript (December/Winter)

 A high school transcript is needed only if you are entering freshman year of a two or four year college or first year of a hospital-based program. Please note that transcripts will be accepted electronically for educational institutions that work with third-party vendors to process transcript requests.

Transcripts must be sent directly to:

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

*Note: Please check with your institution as soon as possible regarding the amount of time they require for this type of request. Ensure there is ample time for us to receive the transcripts before the application deadline.

5. *Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.

*Note: You may attach a copy of your acceptance letter to your application.

Important Notes for Scholarship Applicants

Transcripts and letter of reference will, however, be accepted from educational institutions that use third-party vendors to process transcript requests.

If at any time you wish to check on the status of your application, you may email the Auxiliary at SJMCAuxiliary@osfhealthcare.org

It is the responsibility of the applicant to ensure that his or her application is complete.

<u>Completed applications must reach the OSF St. Joseph Auxiliary no later than July 15th, 2023</u> Please note that applications or application materials that are submitted with a postmark date of July16th, 2023 or later <u>will</u> <u>not be considered</u> for this year's Auxiliary Scholarship program.

OSF St. Joseph Auxiliary Scholarship Application Please print or type. <u>All</u> 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 Co	ell)		
EMAIL:			
Birth Date			
Marital Status		Spouse's name	e
Dependents Name		Relationship	Age
Educational Information	an .		
What is your professional go			
What is your professional go	oar:		
What is your course of study	y?		
•	•		
What is your expected acade	emic level as of Se	ptember 2022 (Fre	esh.,Soph.,Jr.,Sr.)?
What is your cumulative gra	ade point average (GPA)? Please incl	ude scale (ex: 4.0, 5.0)
What school will you attend			
Are you a full or part time s	tudent?		
	T		
School	Address		Degree/Diploma

What hono	rs (academic or otherwise) have you received and when?	
Do you hav	ve an affiliation with or co	onnection to OSF St. Joseph Medical Center?	
0 4'			
	onal Information alth or science related field	ds or activities have you been involved, as an emp	lovee, a
	a student or for recreation		10) 00 , u
List past er		lease 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)?

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Relow	lict v	your resources	and anticir	nated evr	vences tor th	ie comina	SCHOOL 3	vear
DCIUW,	mot y	your resources	and andicip	Jaiou Cal			SCHOOL	y car.

Resources	Expenses		
(Estimated per academic year)	(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 Applica	ant		
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Date Completed			