

**LITTLE COMPANY OF MARY HOSPITAL SCHOOL OF NURSING ALUMNI ASSOCIATION
MONETARY SCHOLARSHIP AWARD APPLICATION**

APPLICATIONS FOR THE 2024-2025 ACADEMIC YEAR MUST BE RECEIVED BY APRIL 1, 2024.

PERSONAL DATA

Name _____
 Address _____
 City, State Zip _____
***Student ID Number** _____
 Home Telephone _(____) _____
 Cell Phone _(____) _____
 E-Mail _____

Please attach a photograph of yourself that may be used by the Alumni Association for any and all of its publications. (A digital photograph may be sent via email to LCMMC.Foundation@OSFHealthcare.org)

EDUCATIONAL BACKGROUND (PRESENT TO PAST)

SCHOOL NAME AND ADDRESS	DATES ATTENDED FROM TO	COURSE OF STUDY / MAJOR	DIPLOMA OR DEGREE

WORK HISTORY (PRESENT TO PAST)

JOB TITLE	DATES	NAME OF ORGANIZATION	ADDRESS

ESSAY

Please attach a one-page essay stating your academic and professional goals and the purpose of your career choice.

SCHOLARSHIP INFORMATION

Please provide the **school name and address for scholarship payment**, e.g. *Bursar, Financial Aid Office*, etc.

Program of study: _____

College / University: _____

Payment Office/Dept: _____

Address: _____

Telephone: __ (____) _____

Anticipated Start Date: _____

Have you been officially accepted into a formal nursing program by the institution indicated above?

YES Please attach the letter of acceptance with this application.

NO When do you anticipate a formal decision regarding the acceptance of into said program?

WRITTEN REFERENCE/RECOMMENDATIONS

Please provide the names of the three people who will be providing a current letter of reference for you. **Signature is required.**

1. Relative Alumni: _____ Class Of: _____

2. Academic: _____

3. Work: _____

ACADEMIC COST INFORMATION

DESCRIPTION	ESTIMATED AMOUNT

AGREEMENT

If awarded, I agree to update my progress to the Little Company of Mary Nurses' Alumni Board.

(signature)

(date)

(printed name)

Interview: A Committee Member will conduct an interview by phone or in person with every applicant prior to determination of award.

SUBMISSION INSTRUCTIONS

Your final application submission should include the following:

1. Completed application form
2. Essay
3. Headshot photo
4. Letter of acceptance into nursing program (if applicable)

Letters of reference may be included with your submission, or may be sent separately of your application.

Application materials may be submitted as follows:

EMAIL: LCMC.Foundation@OSFHealthCare.org
Please include "LCM School of Nursing Alumni Association Scholarship" in the subject line.

MAIL: OSF HealthCare Foundation
ATTN: LCM School of Nursing Alumni Association
2800 W 95th St
Evergreen Park, IL 60805

For Office Use Only: Scholarship Committee member _____