

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

**APPLICATIONS FOR THE 2026- 2027 ACADEMIC YEAR MUST BE RECEIVED BY APRIL 10, 2026.**

**PERSONAL DATA**

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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 jpeg may be sent via email to [LCMMC.Foundation@OSFHealthcare.org](mailto:LCMMC.Foundation@OSFHealthcare.org))**

**EDUCATIONAL BACKGROUND (PRESENT TO PAST)**

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

**WORK HISTORY (PRESENT TO PAST)**

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JOB TITLE	DATES	NAME OF ORGANIZATION	ADDRESS

## ESSAY

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

## SCHOLARSHIP INFORMATION

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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

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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

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DESCRIPTION	ESTIMATED AMOUNT

## AGREEMENT

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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

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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: LCMMC.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 95<sup>th</sup> St  
Evergreen Park, IL 60805

**For Office Use Only:** Scholarship Committee member \_\_\_\_\_