

Scholarship Application

OSF HealthCare Saint Clare Medical Center

2024 OSF HealthCare Saint Clare Medical Center Scholarship Application

The following application is for all scholarships available from OSF HealthCare Saint Clare Medical Center through the OSF HealthCare Foundation. Applicants will be considered for all scholarships for which they are eligible. Scholarships and eligibility are outlined below. **Application deadline: May 1, 2024.**

The **OSF Saint Clare Health Career Scholarship** is open to recent high school graduates or higher education students pursuing a career in health care. Applicants must reside in Bureau County, be a current OSF Saint Clare Mission Partner or an immediate family member of an OSF Saint Clare Mission Partner. \$1,000 will be awarded annually.

The **Pierson Nursing Scholarship** is open to recent high school graduates or students pursuing a nursing career. Applicants must reside in Bureau County, be a current OSF Saint Clare Mission Partner or an immediate family member of an OSF Saint Clare Mission Partner. \$2,000 will be awarded annually.

The **Harold Morine Nursing Scholarship** is open to applicants residing in Bureau County. Applicants are judged on academic achievement, financial need and their sincerity in pursuing a nursing career.

Send application to

Samantha Rux
Public Relations and Communications Coordinator
OSF HealthCare Saint Clare Medical Center
530 Park Ave. E. | Princeton, IL 61356
(815) 876-2390
samantha.l.harkerrux@osfhealthcare.org

Include with application the following information:

1. A **brief description** of why you are pursuing a career in nursing or health care. Limit one page.
2. A high school or college **transcript** from the school you are presently attending or last attended.
3. **At least two letters of recommendation** from a teacher, counselor, employer, supervisor or clergy.

Please submit your application by May 1, 2024. Incomplete or late applications will not be considered. Selection of recipients is made in May. Only scholarship recipients will be notified.



OSF[®] HEALTHCARE

PERSONAL INFORMATION

Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

EDUCATIONAL INFORMATION

If you are returning to school, please list the last school you attended.

Name of current institution (high school, college, etc.) _____

City and state _____ Graduated _____ Date _____

Intended area of study and major _____

Honors and awards

Please list honors, distinctions and awards you have earned. Attach additional sheet if necessary.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Health, science, extracurricular activities

List activities, school-related or otherwise, which you are involved. Attach additional sheet if necessary.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Work experience

List your last four jobs, if applicable. Indicate location, dates and duties of employment.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

FINANCIAL NEED

List your estimated resources and expenses for the upcoming academic year.

Estimated Resources

Estimated Family Contribution (EFC) \$ _____
EFC is found on the first page of the FAFSA Student Aid Report

Scholarships and Grants* \$ _____

Other \$ _____

Total Resources \$ _____

Estimated Expenses

Tuition and fees \$ _____

Room and board \$ _____

Books and supplies \$ _____

Other \$ _____

Total Expenses \$ _____

*Please list all scholarships and grants received, include the name and amount awarded.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Attach additional sheet if necessary.

Do you plan to attend school full-time or part-time? _____

Where do you plan on residing? _____

Please specify if you will live in a dormitory, rent, live at home with relatives or own a home.

If I am awarded an OSF HealthCare Saint Clare Medical Center scholarship, it is my intention to complete my nursing or health care education as outlined by my school and serve as a member of the profession for which I am preparing. Should I withdraw from a nursing or health care career track, I understand the funds must be returned commensurate with the school year remaining (for example, for one half of the academic year, one half of the award must be repaid). I acknowledge that the information provided in this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from consideration of scholarship monetary award. I authorize persons, schools, employers and organizations to provide OSF HealthCare with any request for information regarding my application.

Applicant signature

Date

