

**Auxiliary Scholarship Application**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone \_\_\_\_\_

Connection to OSF (i.e. mission partner, family) \_\_\_\_\_

Dependents (Name, age, relationship)

\_\_\_\_\_  
\_\_\_\_\_

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What is your occupational goal? \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Have you been accepted as yet? \_\_\_\_\_ Date school begins \_\_\_\_\_

Student ID #: \_\_\_\_\_

Do you plan to attend school full or part time? \_\_\_\_\_

Current grade point average \_\_\_\_\_ Expected graduation date \_\_\_\_\_

What is your course of study and at what level? \_\_\_\_\_

\_\_\_\_\_

List in chronological order all schools attended beyond eighth grade (with addresses) and degrees or diplomas obtained.

\_\_\_\_\_  
\_\_\_\_\_

Have you received this scholarship in the past? If so, year \_\_\_\_\_ amount \_\_\_\_\_

Have you received or applied for any other OSF affiliated scholarship this year? If so, from where:

\_\_\_\_\_

In what health or science-related fields or activities have you been involved?

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List the last three jobs you have held including current employment.

Date: \_\_\_\_\_ Employer: \_\_\_\_\_ FT or PT (circle one)

Type of work: \_\_\_\_\_

Date: \_\_\_\_\_ Employer: \_\_\_\_\_ FT or PT (circle one)

Type of work: \_\_\_\_\_

Date: \_\_\_\_\_ Employer: \_\_\_\_\_ FT or PT (circle one)

Type of work: \_\_\_\_\_

Do you intend to work during school? \_\_\_\_\_ If so, where and how many hours?

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If you are a dependent, list the name and age of brother/sisters.

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List References (Name, address, phone number, position):

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Position \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please attach:**

1. Transcript
2. 2 letters of recommendation (must be from teacher, counselor, or work supervisor)
3. Current essay
4. Auxiliary Scholarship Agreement
5. Complete all application blanks

**Mail Completed Application to:**

OSF HealthCare St. Mary Medical Center, 3333 N. Seminary St., Galesburg, IL 61401 –  
Attn: Shelley Willett  
OR deliver to the Volunteer Services office. *(please do not staple application)*

**Deadline for receiving application is April 1<sup>st</sup>.**