

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)

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 _____

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 _____

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

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?

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

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

1. Name _____

Address _____

Phone _____ Position _____

2. Name _____

Address _____

Phone _____ Position _____

Signature _____ Date _____

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 1st.