

**OSF Holy Family Medical Center Auxiliary  
Scholarship Renewal**

**Renewal Must Be Returned by June 1 to be considered for the fall semester.**

\_\_\_\_\_ **I would like to be considered for an OSF Holy Family Medical Center  
Auxiliary Scholarship for the upcoming academic year.**

I understand that the OSF Holy Family Medical Center Auxiliary Scholarship is given on a one academic year renewable basis, contingent upon financial need and availability of funds.

In an effort to keep our records up-to-date, please complete the following information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

School to Attend \_\_\_\_\_

Curriculum \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

In the upcoming academic year I will be: Full time Student \_\_\_\_\_ Part time Student \_\_\_\_\_  
(must take at least 10 hours per semester to qualify for scholarship)

Please list the resources you expect to have for the upcoming school year as well as the anticipated expenses:

**Resources**

**Expenses**

Parents \_\_\_\_\_ Tuition/Fees \_\_\_\_\_

Employment \_\_\_\_\_ Room/Board \_\_\_\_\_

Loans \_\_\_\_\_ Books and Supplies \_\_\_\_\_

Siblings (please share ages): \_\_\_\_\_

List name and amount of grants and scholarships you are presently receiving. (May continue on other side)

College address where scholarship checks can be mailed:

Student Identification Number:

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

**Applicant's most current official transcripts must be submitted to Stephanie Hilten by June 1<sup>st</sup>.**