OSF HEALTHCARE
Foundation

OSF HEALTHCARE FOUNDATION EDUCATIONAL LOAN ASSISTANCE PROGRAM FOR HEALTH CARE CAREERS APPLICATION

General Information

This educational assistance program is open to outstanding individuals pursuing advanced degrees in patient care health related fields. The program is open to individuals accepted to a program in the medical field; including current Mission Partners of OSF HealthCare in the I-80 Service Area, graduating high school seniors planning to attend a college of higher education or current college students enrolled in an accredited college or university, whose primary residence is in a community served by OSF HealthCare in the I-80 Service Area.

The amount awarded may be up to $5,000 per level of education/program and must be applied toward tuition and fees and will be paid directly to the college or university. This may be a one- time award or split over the years of a program. *Example: $5000.00 may be awarded over a 2 year period to assist in reaching RN, the applicant may then apply for additional dollars as they work toward BSN.*

Please mail completed application and requested documentation to:

OSF HealthCare Saint Elizabeth Medical Center
Attn: Education Loan Program Committee / HR
1100 E. Norris Drive
Ottawa, IL 61350

NOTE: Application & Documentation MUST BE postmarked by **June 15, 2023** to be considered.

Please contact the OSF HealthCare Saint Elizabeth Human Resources department at (815) 431-5318 or email amy.l.gross@osfhealthcare.org if you have any questions.

OSF HealthCare Saint Elizabeth Medical Center 1100 E. Norris Drive, Ottawa, IL 61350
(815) 433-3100 www.osfsaintelizabeth.org

 PLEASE READ THE FOLLOWING CAREFULLY

Student Eligibility

The applicant must complete and submit the following application to the OSF HealthCare Saint Elizabeth Human Resources office.

 The application must include:

a) **Letter of acceptance into program the degree you are seeking to obtain**. (if not currently enrolled) from the educational institution you will attend.

b) Current high school/college transcript

c) A written release permitting the selection committee to review the student's academic, clinical and extracurricular records (release form included in packet).

d) A summary of significant academic and curricular achievements at the college or in the community with a listing of references.

e) A brief statement of educational goals, as outlined in the application.

Awarding or denying financial assistance will be based, among other things, upon ACT, SAT or an equivalent college entrance exam, high school record, social and community activities, volunteerism, previous high school/college records, personal references and one page essay. Include work history of present employer, if applicable.

The OSF HealthCare Foundation Loan Program Committee will determine the number of students who will receive financial assistance and the amount each will receive based on the following criteria:

f) **Completion & submission of items a-e above**.

g) **Educational Achievement:** Attach an official copy of your most current transcript from your latest academic year. A minimum cumulative G.P.A. of 3.0 out of 4.0 or 4.0 out of 5.0 is required.

h) **Financial Need:** Include information on the application pertaining to other sources of educational assistance. If applicable, please include FAFSA results with the application.

i) **Essay Content**: Include a short essay (one typed page only/350 words) as requested in the application.

j) **Letters of Recommendation:**
   - Two (2) favorable academic letters of recommendation (forms included) attesting to your academic achievement, goals and character,
   - Two (2) favorable letters of recommendation from employers or a non-family member attesting to your achievements, character and goals

   *All four (4) letters are to be signed, dated and handled as instructed on page #7 of application.

k) **Student agrees to work or continue to work at OSF HealthCare Saint Elizabeth Medical Center or within the I-80 OSF Service Area following degree completion for the required time frame in a patient care health field.**

Key factors in determining awards will be an interview with the OSF HealthCare Foundation Loan Program Committee and the review of application and required supporting documents as outlined in this application. All decisions are final.

OBLIGATIONS - WHAT THE APPLICANT AGREES TO:

The applicant hereby agrees to employment with OSF HealthCare Saint Elizabeth Medical Center or within the I-80 OSF Service Area for a minimum commitment period of one (1) year. If working full-time, the applicant would be committed to work 2,080 hours for awards received up to $2,500. If financial assistance exceeds $2,500, a commitment period would continue until the applicant has worked 2,080 hours for each $2,500 awarded. Thus, for a $5,000 award, the employee would be required to work 4,160 hours. This obligation is in effect after receiving an offer of employment from OSF HealthCare. The commitment period will commence 90 days after the individual's start date with OSF HealthCare if not employed prior to degree completion. If the individual is a new graduate or has not received their registry or certification, the commitment begins when it is received.

If a student fails to complete the educational program covered under this Agreement, the student must notify the Human Resources Department within seven (7) calendar days of such failure and repay the entire amount paid by the OSF HealthCare Foundation immediately, as outlined in agreement. The applicant agrees to pay legal and other costs incurred by the OSF HealthCare Foundation in enforcing this Agreement.

The student must submit his/her grades at the end of each semester to the Human Resources Department for committee review. If a recipient changes from full-time to part-time student status, he/she is to contact Human Resources as soon as possible. If a student drops or fails a course during the period of the educational assistance, or fails to maintain the required cumulative G.P.A., the student will not receive any additional funding beyond that specified in the Agreement, and at the sole discretion of OSF HealthCare Foundation Loan Selection Committee, the student may be required to satisfy the obligations set forth in Paragraph 1 under "Obligations-What The Applicant Agrees to" within 60 days of the subsequent graduation date or repay the amount awarded within 30 days.

**OSF HEALTHCARE FOUNDATION EDUCATIONAL LOAN ASSISTANCE PROGRAM
FOR HEALTH CAREERS APPLICATION**

1. Full Name: _____

2. Present Address: _____ Phone # _____

   _____ Cell # _____

   Email Address: _____

3. Permanent Address & Phone #(□ same as above): _____

   _____

4. What is your professional occupational goal: _____

   _____

5. What school will you attend this fall: _____

   _____

6. Number of credit hours attending this fall: _____ 7. Expected Graduation Date: _____

8. If part-time, specify what else you will be doing: _____

   _____

9. Residence Plans: *Dormitory* _____ *Home* _____ *Other* (Specify) _____

10. What is your course of study/declared major: _____

11. What is your expected academic level as of September: _____

12. What is your cumulative grade point average: _____

13. Have you taken post-high school study in a field other than that which you will be in this fall? If so, what course(s) and how do you explain your change of interest:

   _____

   _____

   _____

   _____

14. Have you applied for or will you be receiving other financial awards/scholarships/grants for the next year, including OSF educational assistance? If yes, please explain:

   _____

   _____

   _____

15. What particular qualifications do you feel you have for the occupation you have chosen? When did you decide on this field, and what were some of the factors which led to your decision:

_____

_____

_____

_____

16. Discuss how OSF HealthCare has benefited your family or you:

_____

_____

_____

_____

22. Please explain how you see yourself contributing to the future of healthcare in your local community:

_____

_____

_____

_____

23. **Personal Essay**. Please provide a carefully constructed statement about why you are interested in pursuing a career in the healthcare field and your aspiration and goals within the healthcare field. Include any information about yourself that you would like the selection committee to consider in evaluating your application.

Please type your essay on 8½" x 11" paper and attach to this application.

Be certain to identify it with your name and Item #23.

24. What honors, academic or otherwise, have you received and when: _____

_____

_____

_____

_____

25. In what health or science-related fields or activities have you been involved, either for recreation, as a

volunteer or an employee: _____

_____

_____

_____

26.   Below, list your resources and your anticipated expenses for the coming school year.

RESOURCES (estimated per academic year   **EXPENSES (estimated per academic year)**

Parents $_____   Tuition & Fees $_____

Friends/Relatives $_____   Room $_____

Personal Savings $_____   Board $_____

Employment $_____   Books & Supplies $_____

Loans $_____   Transportation $_____

Other* $_____   Personal & Other $_____

TOTAL $_____   **TOTAL** $_____

27. **What level of support are you applying for in this application? (up to $5000.00)** _____

28. List other financial awards, scholarships, grants, FAFSA, etc. that you have received or applied for:

       SCHOLARSHIP, GRANT, ETC.   DATE/AMOUNT RECEIVED   DATE/AMOUNT APPLIED FOR

       _____   _____   _____

       _____   _____   _____

       _____   _____   _____

29. **Letters of Recommendation:** List the names and addresses of the four (4) persons who are writing your letters of recommendation. **Two (2)** must be academic letters of recommendation (forms included) attesting to your academic achievement, goals and character. **Two (2)** must be a non-family character reference letter; i.e. a former employer. **We require these letters be submitted along with your application packet**.

Academic Reference   _____

        Address: _____

Academic Reference   _____

        Address: _____

If never employed, please provide two additional non-family character or academic references in place of former employer references.

Former Employer Reference   _____

        Address: _____

Former Employer Reference   _____

        Address: _____

AS PART OF YOUR APPLICATION, PLEASE REMEMBER TO SUBMIT THE FOLLOWING:

	2 (two) academic letters of recommendation (form included) attesting to your academic achievement, goals and character, **2 (two) former employers reference letters** (form included) or **personal letters of recommendation from non- family members**. Limit to one hand written or typed page. **Each of the 4 recommendation must be submitted in a closed envelope with the writer's signature written across the flap.**
	Written essay profiling yourself stressing factors relevant to your occupational choice and goals, qualifications, and motivation you have to pursue your education for your chosen profession as outlined in the application under Line 23 in the first section of this application. Limit it to one 8½" x 11" type-written page (350 words).
	An official high school and/or college transcript. High school transcript needed only if you are entering freshman year or first year of a hospital-based program. Schools must send information directly to OSF Healthcare Saint Elizabeth Medical Center, Human Resources, 1100 E. Norris Drive, Ottawa, IL 61350
	Official proof of acceptance into program (if not currently enrolled) from the educational institution you will attend.

Contact OSF HealthCare Saint Elizabeth Medical Center Human Resources at 815-431-5318 or by email
amy.l.gross@osfhealthcare.org if you have any questions.

Application and supporting documents for the Funds must be **postmarked by June 15, 2023.**

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the OSF HealthCare Saint Elizabeth Medical Center & OSF HealthCare Foundation may be of assistance in evaluating my application. I hereby waive any confidentiality with respect to such information in so far as the OSF HealthCare Saint Elizabeth Medical Center & Foundation is concerned, since it is my understanding that the information will be used solely for the evaluation of my application and for no other purpose. The information on this form is, to the best of my knowledge, complete and valid. Any false statement would be cause for termination of any funding. I firmly plan to complete my intended course of study. If I receive an award, I give consent to use my name and photo for publicity purposes."

Signature of Applicant _____

Date Completed _____

ONLY RECIPIENTS WILL BE NOTIFIED

Rev. 12/2022 CRR

ACADEMIC LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE STUDENT:

NAME OF APPLICANT:_____   STUDENT #:_____

FACULTY NAME:_____   DATE:_____

SCHOOL:_____

MAILING ADDRESS:_____

_____

I AM APPLYING FOR: OSF HEALTHCARE FOUNDATION LOAN EDUCATIONAL ASSISTANCE PROGRAM FOR HEALTH CAREERS

I grant permission for the authorities of OSF Healthcare Saint Elizabeth Medical Center & Foundation to investigate my references and release said Medical Center and my (former) instructor from any and all liabilities resulting from such investigation.

_____   _____

   APPLICANT'S SIGNATURE   **DATE**

TO BE COMPLETED BY THE FACULTY MEMBER:

If there is any information which you would prefer discussing personally, you may call Human Resources at 815-431-5318. Please use the boxes below to indicate your assessment of the Student's abilities.

TRAIT	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO OPPORT. TO OBSERVE
PERFORMANCE: Carries out assigned tasks promptly, independently & thoroughly, persevering, industrious.					
ORIGINALITY: Demonstrates initiative and resourcefulness, uses imagination and is not stereotyped in thinking.					
JUDGMENT: Critically & reliably evaluates facts (people, policies, situations), uses common sense.					
WRITTEN/ORAL EXPRESSION: Expresses self well orally & in writing.					
DEVELOPMENT POTENTIAL: Has potential for personal & professional growth.					
LEADERSHIP: Capacity to assume responsibility, organize work & harmoniously execute a project with others.					
ADAPTABILITY: Ability to evaluate new or changing conditions & accept them naturally.					

Total number of class days missed _____   Total number of clinical days missed _____

Student was/is in his/her Freshman_____ Sophomore _____ Junior _____ Senior_____ year when he/she was in my class.
 (Please check all that are applicable.)

Clinical Rotation Course:_____

_____   _____

 FACULTY MEMBER'S SIGNATURE   **DATE**

EMPLOYER LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE STUDENT:

NAME OF PERSON COMPLETING REFERRAL:_____ **DATE**_____

NAME OF BUSINESS:_____

ADDRESS:_____

NAME OF APPLICANT_____

I AM APPLYING FOR: OSF HEALTHCARE FOUNDATION LOAN   EDUCATIONAL ASSISTANCE PROGRAM FOR HEALTH CAREERS

I grant permission for the authorities of OSF Healthcare Saint Elizabeth Medical Center and Foundation to investigate my references and release said Medical Center and my (former) instructor from any and all liabilities resulting from such investigation.

_____   _____

           APPLICANT'S SIGNATURE   **DATE**

TO BE COMPLETED BY THE EMPLOYER:

If there is any information which you would prefer discussing personally,
you may call Human Resources at 815-431-5318. Please use the boxes below to indicate your assessment of the Student's abilities.

POSITION HELD:_____ **FULL TIME:**_____ **PART TIME:**_____

DATES OF EMPLOYMENT :From:_____ **to** _____

REASON FOR LEAVING:_____

	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY	REMARKS
Quality of Work					
Quantity of Work					
Attendance & Punctuality					
Attitude					
Responsibility					
Communicative Ability (Oral & Written)					
Overall Rating					

WOULD YOU RE-EMPLOY: YES:_____ **NO:**_____ **EXPLANATION:**_____
_____
_____

ADDITIONAL COMMENTS:_____
_____
_____
_____
_____

_____   _____

   SIGNATURE/TITLE   **DATE**