



# OSF<sup>®</sup> HEALTHCARE

## Auxiliary Scholarship Agreement

I, \_\_\_\_\_, of \_\_\_\_\_  
(Address)

\_\_\_\_\_ do hereby agree to the following terms related to  
my medical careers scholarship from OSF HealthCare St. Mary Medical Center  
Auxiliary, Galesburg, Illinois.

1. The money will apply to tuition only.
2. If for any reason I do not complete the medical career program, I promise to repay the money to the Auxiliary.
3. After I complete the medical career course, I promise to accept employment, if offered, at OSF HealthCare St. Mary Medical Center for a period of one year. If position is declined, repayment is due.

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

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_