



OSF[®] 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 _____

Witnesses of Applicant Signature:

Witness _____ Witness _____

Address _____ Address _____
