

OSF Saint Katharine High School Healthcare Scholarship Application

(Scholarship Deadline –March 15)

****APPLICATION MUST BE TYPED.****

All blanks must be completed. Use NA where not applicable. Please reference Scholarship Policy.

PERSONAL INFORMATION

1. What High School do you attend? Amboy
Please circle one. Ashton/Franklin Center
Dixon
Faith Christian
Oregon
Polo
Sterling Newman
2. Full name
3. Present Address
Street
City ZIP Telephone

EDUCATIONAL INFORMATION

1. What is your professional goal?

2. What program are you accepted for/enrolled in?

What school will you attend this fall?

Full or Part Time?

Cumulative High School grade point?

Expected graduation date

3. Residence plans: Dormitory Home
 Other (Specify)

4. What high school honors (academic or otherwise) have you received and when?

5. List other sources of financial assistance applied for and/or received, i.e. grants, scholarships. Renewable or otherwise.

OCCUPATIONAL INFORMATION

1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee? (Please highlight any volunteer activities.)

2. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

EMPLOYER	DUTY	DATES
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CONFIDENTIAL INFORMATION

1. Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: current loans – amount and when due)

2. Complete the following **IF** claimed as a dependent by your parents.
 - a. Applicants Father’s name
 - b. Place of employment

Company	Address
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 - c. Applicants Mother’s name
 - d. Place of employment

Company	Address
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- e. Number & ages of siblings

- f. How many in school? How many in college?

- 4. Below list anticipated expenses for the coming school year.

**EXPENSES
(Per Academic Year)**

Tuition & Fees

Room

Board

Books & Supplies

Transportation

Personal & other

TOTAL

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

1. THREE (3) RECOMMENDATIONS (**USING THE SCHOLARSHIP RECOMMENDATION FORM**): i.e. TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY. RECOMMENDATION FORMS ARE SENT DIRECTLY TO:

Abby Martin
Administration
OSF Saint Katharine Medical Center
403 East First Street
Dixon, IL 61021
Fax Number: (815) 285-5885
Email: amartin@ksbhospital.com

***TO ENSURE THAT YOUR COMPLETED RECOMMENDATION FORMS HAVE BEEN RECEIVED BY OSF SAINT KATHARINE MEDICAL CENTER, PLEASE FEEL FREE TO CALL (815) 285-5501.**

2. PROFILE OF YOURSELF, STRESSING FACTORS RELEVANT TO YOUR OCCUPATIONAL CHOICE, GOALS AND MOTIVATION FOR APPLYING FOR THIS SCHOLARSHIP (FINANCIAL REASONS, POTENTIAL EMPLOYMENT OPPORTUNITIES, ETC.) QUALIFICATIONS YOU FEEL YOU HAVE TO PURSUE YOUR EDUCATION FOR YOUR CHOSEN PROFESSION, LIMIT TO ONE TYPEWRITTEN PAGE.

3. INCLUDE YOUR CURRENT HIGH SCHOOL TRANSCRIPT AND GRADES.

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 OSF Saint Katharine Medical Center be of assistance in evaluation of my scholarship application. I hereby waive any confidentiality with respect to such information insofar as OSF Saint Katharine Medical Center is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose."

Signature of Applicant:

Date Completed:

Where did you find out about this scholarship?

Facebook

KSB Website

Other: _____

Newspaper

The OC

All applicants will be notified during the month of April.

R01/25/24 am

Please use this page for your essay. Profile of yourself, stressing factors relevant to your occupations choice, goals and motivation for applying for this scholarship (financial reasons, potential employment opportunities, etc.) Qualifications you feel you have to pursue your education for your chosen profession, limit to one typewritten page.