



Annual Scholarships

The Pekin Hospital Foundation provides annual financial assistance to area students enrolled in a nursing or medical profession. Scholarships available are:

I would like to apply for: Frances Tollensdorf Nursing Scholarship

Frances Tollensdorf Scholarship Fund of \$1,000.00 to a nursing student enrolled in qualified, professional **NURSING PROGRAMS** based on the Scholarship Committee's recommendations.

I would like to apply for: Minnie Yock Nursing Scholarship Fund

Minnie Yock Scholarship Fund for two (2) \$500.00 to two nursing students enrolled in qualified, professional **NURSING PROGRAMS** based on the Scholarship Committee's recommendations.

I would like to apply for: Craig J. Aune Scholarship

Craig J. Aune Scholarship Fund of \$1,000.00 to a student enrolled in a **HEALTH CARE PROFESSIONS PROGRAM** based on the Scholarship Committee's recommendations.

*Please check appropriate boxes.

FUND APPLICATION, INSTRUCTIONS AND POLICIES

1. Students living in the Pekin area are eligible to apply. Priority, of course, is extended to those who intend to return to Pekin Hospital to practice their skills.
2. This assistance is awarded on an annual basis, so applications must be made each year. Recipients will not be eligible for more than four years of assistance.
3. Applications may be obtained from Pekin Hospital's Foundation, 600 South 13th Street or online at pekinhospital.org under the Foundation Tab.
4. Completed application, transcripts of grades, letters of recommendation, and other pertinent informational material must be **submitted TOGETHER to Pekin Hospital Foundation by April 11, 2018.** If sending by mail, all pertinent information must be received by the Foundation **post-marked no later than April 11, 2018.** If all of these items are not submitted together to the Foundation Department, your application will **not** be considered.

BE SURE TO INCLUDE YOUR RESPONSES TO QUESTIONS "D" UNDER SECTION II.

5. The Committee will review applications, and decisions will be made considering:
 - A. General qualifications and goals in the chosen course of study;
 - B. Experience/extra-curricular involvement (volunteer or work-related);
 - C. Scholarship achievements, including honors and grades;
 - D. Financial need
6. Recipients and non-recipients of financial assistance from the scholarships will be notified in August.
7. Questions regarding the scholarships may be directed to the Foundation at (309) 353-0983.

(Revised: 1/18)

(APPLICATION)

PLEASE PRINT: You may use the reverse side of the application for additional information, if necessary.

I. GENERAL INFORMATION

A. Full Name _____

B. Present address: _____
Telephone: _____

C. Permanent address: _____
Telephone: _____

D. Marital status: (please circle):
Single ___ Engaged ___ Married ___ Divorced ___ Separated ___
Widowed ___

E. Dependents: (give name, age and relationship)

F. Who is your primary contributor to your support? _____
Relationship? _____

G. Do you contribute to the support of any other persons or have any significant financial obligations? Please describe: _____

H. Information regarding family: (answer areas applicable to you)

- 1) Applicant's place of employment _____
Occupation _____
Approximate monthly income \$ _____

- 2) Spouse's name _____
Age _____
Place of employment _____
Occupation _____
Approximate monthly income \$ _____
Number and ages of your children _____

If you are claimed as a dependent by your parent(s), please complete #3, #4 & #5.

- 3) Father's name _____
Place of employment _____
Occupation _____
Approximate monthly income \$ _____

- 4) Mother's name _____
Place of employment _____
Occupation _____
Approximate monthly income \$ _____

- 5) Number and ages of brothers and sisters: _____

Are any attending school? _____
Where? _____

I. Social Security Number: _____

II. EDUCATIONAL INFORMATION

A. In what course of study are you enrolled? _____

B. What school are you enrolled in? _____

Address: _____

C. Where do you intend to use your health care skills? _____

D. On a separate sheet, tell us about your professional goals. Also describe the qualities that you feel you have that are significant to your success in the health care field. (THIS MUST BE INCLUDED WITH THE APPLICATION AND MUST BE NO MORE THAN ONE TYPED PAGE.)

E. Describe any experience that you may have had in any health- or science-related field, either through employment or in a volunteer capacity: _____

F. Will you be attending school on a full- or part-time basis? _____

G. If you will be attending part-time, what else, specifically, will you be doing? _____

H. Residence plans while attending school: _____

I. Anticipated graduation date? _____

J. High school from which you graduated? _____

K. Have you done post high school study in any other field? _____
If answered yes, to what do you attribute your change? _____

L. Describe any honors you have received and when: _____

M. Describe any pertinent jobs you have held: _____

N. List below any special needs and costs in addition to tuition, room and board, and textbook expenses that you anticipate this year: _____

O. Have you or are you planning to apply for other financial assistance for this year? _____

Please describe: _____

P. List awards/scholarships/loans you have received for your health care training:

Awards/Scholarships/Loans	Amount	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q. How did you become aware of this scholarship fund? _____

Please submit the following:

***Completed application**

***Your most recent high school and/or college transcript(s)**

***One-page response to Question “D” in Section II**

***Educational Information**

***Two letters of reference--one personal (excluding relative) and one from a teacher, counselor or employer are required.**

Send all items together by April 11, 2018 to:

Pekin Hospital Foundation

600 South 13th Street

Pekin, IL 61554

All information on this application is, to the best of my knowledge, complete and valid. I give this information for the purpose of obtaining financial assistance and authorize the verification of any information made herein.

Signature of applicant

Date

Signature of parent, guardian or spouse

Date