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:** 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 11th. If sending by mail, all pertinent information must be received by the Foundation post-marked no later than April 11th. 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: 2/17)
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 you _________________________
   r 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:

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<tr>
<th>Awards/Scholarships/Loans</th>
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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 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