



## UNITY POINT HEALTH – PEKN HOSPITAL AUXILIARY

### **FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS AND POLICIES**

1. The UPH-Pekin Hospital Auxiliary each year gives financial assistance to students enrolled in a health care professions program.
2. Students living in the Pekin area are eligible to apply. Priority is extended to those who intend to return to the Pekin area to practice their professional skills.
3. This assistance is awarded on an annual basis, so an application must be submitted each year. Recipients will not be eligible for more than four (4) years of assistance.
4. **Completed applications, copies of grades, letters of recommendation, verification of income (applicants W-2 must accompany application if self supporting or W-2 for parents if applicant is a declared dependent for their parents), and other pertinent information must be delivered to UPH-Pekin Hospital's Volunteer Services Department no later than 4:00 p.m. on Friday, April 13, 2018. We are not responsible for applications delivered to any other department in the hospital. If sending by mail, all pertinent information must be received by Volunteer Services Department post-marked no later than April 13, 2018.**

UnityPoint Health - Pekin Hospital  
Volunteer Services  
600 S. 13th Street  
Pekin, IL 61554

5. The committee will review applications and make decisions with consideration to:
  - A. Course of study
  - B. Scholarship achievements
  - C. Course requirements
  - D. Interest
  - E. Letters of recommendation
  - F. General qualifications
  - G. Financial need
6. Recipients and non-recipients of financial assistance awards will be notified by June 15, 2018.
7. For additional applications or should you have questions, please contact the main Pekin Hospital phone number at 309 – 347 – 1151 and ask for Volunteer Services.

PEKIN HOSPITAL AUXILIARY

APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE PRINT OR TYPE. 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. Social Security Number \_\_\_\_\_

E. Marital Status (please circle):      Single      Engaged      Married  
   Divorced      Separated      Widow

F. Dependents (Give name, age, relationship)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Who is primary contributor(s) to your support? \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

H. Are you employed? Yes\_\_\_\_ No\_\_\_\_

If yes, where? \_\_\_\_\_

Part-time or full-time \_\_\_\_\_ Approx. Annual Income: \$\_\_\_\_\_

Occupation \_\_\_\_\_

**II. INFORMATION REGARDING FAMILY (ANSWER AREAS APPLICABLE TO YOU)**

A. Spouse's name \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Occupation \_\_\_\_\_  
Approx. Annual Gross Income: \$\_\_\_\_\_

B. Number and ages of your dependent children: \_\_\_\_\_  
\_\_\_\_\_

C. Do you contribute to the support of any other person(s) or have any significant financial obligations? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are claimed as a dependent by your parent(s), please complete D, E, and F.**

D. Father's name \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Occupation \_\_\_\_\_  
Approx. Annual Gross Income: \$\_\_\_\_\_

E. Mother's name \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Occupation \_\_\_\_\_  
Approx. Annual Gross Income: \$\_\_\_\_\_

F. Number and ages of brothers and sisters who are dependent children: \_\_\_\_\_  
\_\_\_\_\_

Are any attending school? Yes\_\_\_\_ No\_\_\_\_ Where? \_\_\_\_\_  
\_\_\_\_\_

**III. EDUCATIONAL INFORMATION**

A. In what course of study are you enrolled? \_\_\_\_\_  
\_\_\_\_\_

B. In what school are you enrolled? \_\_\_\_\_  
Address: \_\_\_\_\_

C. Will you be attending school on a full or part-time basis? \_\_\_\_\_  
Anticipated hours per term: \_\_\_\_\_

D. If you will be attending part-time, detail specifically what else you will be doing:  
\_\_\_\_\_  
\_\_\_\_\_

E. Residence plans while attending school? \_\_\_\_\_  
\_\_\_\_\_

F. What is your professional goal? \_\_\_\_\_

G. Number of years required for completion of your course of study? \_\_\_\_\_

H. Anticipated graduation date? \_\_\_\_\_

I. Describe the qualities you feel you have that are significant to your field of study:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Where do you intend to practice your profession? \_\_\_\_\_  
\_\_\_\_\_

K. High school from which you graduated? \_\_\_\_\_  
Year? \_\_\_\_\_ Counselor? \_\_\_\_\_

L. Have you done post-high school study in any other field? \_\_\_\_\_  
\_\_\_\_\_

If you answered yes, to what do you attribute your change in your area of study?

\_\_\_\_\_

M. Describe any experience you have had in a health or science-related field, either through employment or in a volunteer capacity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N. What honors have you received and when? \_\_\_\_\_

\_\_\_\_\_

O. List any pertinent jobs you have held: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. List awards/scholarships you have received for your hospital-related career training.

Award/Scholarship	Amount	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

R. How did you become aware of this scholarship fund? \_\_\_\_\_

\_\_\_\_\_

**Please submit your most recent high school and/or college transcript with your application, verification of income (W-2), and two letters of reference--one personal (excluding relatives) and one from a teacher, counselor or employer. All pertinent information must be delivered to Pekin Hospital's Volunteer Services Department no later than 4:00 p.m. on Friday, April 13, 2018. We will not be responsible for applications delivered to any other department in the hospital. If sending by mail, all pertinent information must be received by the Volunteer Services Department post-marked no later than April 13, 2018.**

UnityPoint Health - Pekin Hospital  
Volunteer Services  
600 S. 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

\_\_\_\_\_  
Signature of parent, guardian or spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date