



Trinity Health Foundation
UnityPoint Health

2014 CVM-Illinois Youth Mentoring Health Scholarship

Application Form

The CVM-Illinois Youth Mentoring Health Scholarship is for Quad City area high school seniors and/or undergraduate students who plan to pursue or are enrolled in a full-time undergraduate course of study in math, science or the medical sciences from an accredited college or university. Applicants must be 25 years of age or younger, have a cumulative grade point average of 3.0 on a 4.0 scale at the time of application, and be a high school senior or undergraduate student who plans to enroll in or is already enrolled in a full-time undergraduate course of study in math, science or the medical sciences at an accredited college or university. Applicants may NOT be the child of a practicing medical doctor and students are eligible to receive this scholarship only once. Up to five scholarships of \$2,000-\$5,000 each shall be awarded annually to students who meet the criteria as outlined above.

Applicant's Name _____ Birthdate _____
Address _____ City, State ZIP _____
Home Phone _____ Cell Phone _____
Email _____

Name of parent employed at CVM-Illinois or Trinity (if applicable) _____

Length of their employment _____ Department _____

Parent's Address _____

Parent's Phone _____ Parent's Email _____

Completed application and attachments should be sent to:

Trinity Health Foundation
2121 – 1st St A
Moline, IL 61265

Applications must be **received** at the above address no later than **noon on February 7, 2014.**



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High school attended or currently attending: _____

High school address: _____

City, State, Zip _____ Graduation Date: _____

Phone Number: _____ Current GPA: _____

Vocational/College/University you currently or expect to attend:

Area of Academic Pursuit:

*School address: _____

*Denotes where check would be sent

City, State, Zip _____

Phone number _____

Expected Date of Graduation/Completion: _____

Current GPA: _____

Please list your extracurricular school and/or community volunteer activities: _____

Please list your work experience: _____

Please list any personal achievements and/or awards you have received: _____

(If more room is needed, please feel free to attach a separate sheet and/or your resume.)

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Please attach the following to this form:

1. Please provide a brief description of yourself. Some topics to consider are: what is important to you, what are your educational and career goals, what event or person in your life has influenced whom you have become, what will receiving this scholarship mean to you?

(This should be a 500 word essay)

2. One copy of your vocational school or college transcript or one copy of your most recent high school transcript if you are not currently enrolled in an institution of higher learning.
3. Two to three letters of recommendation from persons other than family members.

Should I be awarded this scholarship, I agree to send a transcript to the Trinity Health Foundation when I have acquired my degree or certification. I also agree to allow Trinity Health Foundation to inform the cardiologists of Cardiovascular Medicine, P.C. - Illinois that I am a CVM Scholarship recipient.

Signature_____

Date_____

Scholarships applicants will receive notification no later than March 1, 2014. Scholarship Recognition Dinner is March 28, 2014. If you should have any questions, please feel free to contact Kellie Esters at 309-764-7027.