



Trinity Health Foundation
UnityPoint Health

2014 The Kenneth Moburg Educational Scholarship

Application Form

The Kenneth Moburg Educational Scholarship is for children of Trinity Regional Health System employees who are pursuing a degree in a healthcare profession that requires an Associate's degree or more. Applicants must be a child of an employee who has been employed with Trinity Regional Health System or one of its predecessor institutions for at least five or more consecutive years, be 25 years of age or younger, have completed his/her freshman year in an accredited college or university, have a cumulative grade point average of 3.0 on a 4.0 scale at the time of application, and have a declared major in a healthcare field of study with the intent to pursue a degree in that field. Students are eligible to receive this scholarship only once. Up to two scholarships of \$500-\$2,000 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 currently employed at Trinity Regional Health System _____

Length of their employment _____ Department _____

Parent's Home Address _____

Parent's Phone Number _____ Parent's Email _____

Completed application and attachments should be sent to:

Kellie Esters
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.**

2014 Kenneth Moburg Educational Scholarship

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 include an essay describing yourself and what is important to you. Please consider elaborating on your education and/or career goals, an event or person that has influenced you, what receiving this scholarship would mean to you and any other topic or information the scholarship committee may benefit from learning about you. This essay should be a minimum of two pages, but no more than five pages long.
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 family of Kenneth Moburg that I am a Moburg 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.