



Trinity Health Foundation
UnityPoint Health

2014 Lynn Vermeer Youth Development Scholarship

Application Form

The Lynn Vermeer Youth Development Scholarship is for children and grandchildren of Trinity Regional Health System employees who are currently pursuing or plan to pursue a degree or certification from an accredited college, university or health related program. Applicants must be a child or grandchild of an employee of Trinity Regional Health System, 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 graduate who plans to enroll or who is already enrolled in a full-time undergraduate course of study at an accredited two or four year college, university or vocational-technical school. A minimum of one scholarship in the amount of \$2,500 will 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/Grandparent currently employed at Trinity Regional Health System: _____

Length of their employment _____ Department _____

Parent/Grandparent's Address _____

Parent/Grandparent's Phone _____ 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 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 Lynn Vermeer that I am a Vermeer 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.