

# Scholarship Application Instructions & Policies of the Scholarship Awards Committee

Please read carefully

## I. Eligibility for Scholarship

1. Any high school student graduating in 2024 from Macoupin County, Illinois who is accepted to an accredited college or university with the intention of entering a hospital related health care career (such as medical, dental, nursing, pharmacy schools, radiology technology programs, occupational/physical/speech therapy, etc.)
2. Must have maintained a GPA of 3.5 or above through their junior year of high school.

## II. Facts Pertaining to Scholarship

1. CAH Auxiliary Scholarship will be awarded in two increments based on the student's scholastic achievement. The initial \$500.00 will be awarded upon the recipient's entrance into college. The second \$500.00 will be awarded upon the recipient's second semester while maintaining a 3.0 GPA.
2. The \$1,000.00 award is to be applied toward tuition, fees, or books.
3. Selection of recipient will be made by April of 2024

## III. Submission of Scholarship

1. Send all documents to Sarah Beck, Carlinville Area Hospital, 20733 N. Broad, Carlinville, IL 62626 by March 1, 2024. LATE SUBMISSIONS WILL NOT BE ACCEPTED.



20733 N. Broad St.  
Carlinsville, IL 62626  
217.854.3141  
cahcare.com

## CARLINSVILLE AREA HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION 2023-2024

Before filling out this form, please read the Scholarship Application Instructions and Policies. Print carefully filling in ALL blanks using N/A where not applicable.

### I. PERSONAL INFORMATION

1. Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_
  
2. Present Address  
Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_
  
3. Hospital nearest your home  
Name \_\_\_\_\_ City \_\_\_\_\_

### II. EDUCATIONAL INFORMATION

1. What high school are you currently attending? \_\_\_\_\_
  
2. What is your GPA through your junior year of high school? \_\_\_\_\_
  
3. What is your class rank? \_\_\_\_\_
  
4. What school will you attend this fall? \_\_\_\_\_  
Full-time or part-time \_\_\_\_\_  
If part-time, specifically what else will you be doing? \_\_\_\_\_
  
5. What is your professional goal? \_\_\_\_\_  
\_\_\_\_\_
  
6. What is your course of study? \_\_\_\_\_  
\_\_\_\_\_

III. SUBMIT A COMPREHENSIVE LIST OF STUDENT ACTIVITIES  
(Write on a separate sheet)

IV. SUBMIT A COMPREHENSIVE LIST OF VOLUNTEER AND/OR  
COMMUNITY ACTIVITIES. (Write on a separate sheet)

V. SUBMIT TWO LETTERS OF RECOMMENDATION. One letter may be  
from a teacher or school administrator and one must be submitted from an adult  
outside the student's academic life and be a non-relative.

VI. SUBMIT A TYPED ONE-PAGE ESSAY ABOUT WHY YOU WOULD  
LIKE TO OBTAIN AN EDUCATION IN THE MEDICAL FIELD.

If selected as the recipient of the Carlinville Area Hospital Auxiliary Scholarship, I give  
my permission to the Hospital Auxiliary to use my name in my application. This includes  
photos for publicity in the media. Yes \_\_\_\_\_ No \_\_\_\_\_

I DECLARE THIS INFORMATION TO BE CORRECT TO THE BEST OF MY  
KNOWLEDGE.

DATE \_\_\_\_\_

STUDENT SIGNATURE REQUIRED \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS UNDER  
18 YEARS OF AGE \_\_\_\_\_