

Received \_\_\_\_\_  
Interview \_\_\_\_\_  
Approved \_\_\_\_\_  
(For office use only)

Application Due: **March 31, 2018**  
Return to: STH Foundation  
1201 Ricker Drive  
Salem, IL 62881  
Attn: Scholarship Committee

**SALEM TOWNSHIP HOSPITAL FOUNDATION**  
**SCHOLARSHIP APPLICATION**  
**FOUR (\$2,500 each) ALLIED HEALTH SCHOLARSHIPS**

Please print or type. All blanks must be completed. Use NA where not applicable.

**PERSONAL INFORMATION**      Date\_\_\_\_\_

1. Full Name \_\_\_\_\_  
                        Last                                  First                                  Middle Initial
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Dependents (Age & Relationship) \_\_\_\_\_  
(If living with parents, list siblings at home)  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION**

1. List in chronological order all schools attended beyond elementary school, addresses and diplomas or degrees granted.

<u>School</u>	<u>Address</u>	<u>Degree/Diploma</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. School where presently enrolled and course of study \_\_\_\_\_  
\_\_\_\_\_

3. Have you been officially accepted into a health related course of study? \_\_\_\_\_

Name of School \_\_\_\_\_ Full/Part Time \_\_\_\_\_ # of hours \_\_\_\_\_

If part time, specifically what else will you be doing? (Include employer)  
\_\_\_\_\_

4. Expected Graduation Date \_\_\_\_\_

5. What is your cumulative grade point average? (Include scale) \_\_\_\_\_

### OCCUPATIONAL INFORMATION

1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer or as an employee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. List all jobs you have held, include employer and type of work, full or part time. Also include any volunteer work you have done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Spouse's occupation, or if single and living at home, list parent's occupation (Include employer's name and address).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FINANCIAL INFORMATION

1. Estimated school expenses per academic year. (Include tuition and fees, books and supplies)

\_\_\_\_\_

2. List anyother source of aid. (Include own salary, assistance from parents, grants, loans, etc.)

\_\_\_\_\_

\_\_\_\_\_

3. Do you contribute to the support of any other person or have other financial obligations? (e.g. parents, children, current loans, etc.) If so, explain briefly.

\_\_\_\_\_

4. Income Information for: Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Spouse \_\_\_\_\_ Self \_\_\_\_\_

Annual Income: Up to \$20,000 \_\_\_\_\_ \$20,000 to \$45,000 \_\_\_\_\_ \$45,000 to \$60,000 \_\_\_\_\_

\$60,000 plus \_\_\_\_\_ Number of persons dependent on this income \_\_\_\_\_

Along with completed application include the following:

1. A typed, brief biographical essay, including long range goals.
2. The names and telephone numbers of three professional and/or academic references,  
EXCLUDING relatives;
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
3. A letter of recommendation from a Supervisor or Educator.