

Received _____
Interview _____
Approved _____
(For office use only)

Application Due: **March 31, 2019**
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.