Received	
Interview	
Approved	
(For office use only)	

Application Due: April 25, 2022

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

RSON	orint or type.	Date	_	<u>va</u> where he	от орранового.
1. Fu	ull Name				
	Last		First		Middle Initial
2. Ad	ddress				
3. Ci	ity	State	Zip	_ Phone	
4. Bi	irth Date	_ Marital Status		Spouse's Na	ame
(If livin	ng with parents, list siblings at	home)			
DUCAT	TIONAL INFORMATION				
	TIONAL INFORMATION List in chronological orde diplomas or degrees gran		l beyond eler	mentary scho	ool, addresses and
	List in chronological orde		l beyond eler	·	ool, addresses and Degree/Diploma
	List in chronological orde diplomas or degrees gran	nted.	l beyond eler	·	
	List in chronological orde diplomas or degrees gran	nted.	l beyond eler	·	
	List in chronological orde diplomas or degrees gran	nted.	l beyond eler	·	
	List in chronological orde diplomas or degrees gran	nted.	l beyond eler	·	
1.	List in chronological orde diplomas or degrees gran School School School where presently e	Address enrolled and course of	f study		Degree/Diploma
1.	List in chronological orde diplomas or degrees gran School School School where presently e	Address enrolled and course of	f study	<u></u>	Degree/Diploma
1.	List in chronological orde diplomas or degrees gran School School School where presently e	enrolled and course of	f study	rse of study?	Degree/Diploma

3. A letter of recommendation from a Supervisor or Educator.

Page 2 Scholarship Application