

Received \_\_\_\_\_

Interview \_\_\_\_\_

Approved \_\_\_\_\_

(For office use only)

Application Due: **April 25, 2023**

Return to: STH Foundation

1201 Ricker Drive

Salem, IL 62881

Attn: Scholarship Committee

**SALEM TOWNSHIP HOSPITAL FOUNDATION**

**SCHOLARSHIP APPLICATION**

**\$1000 ALAMELU LAKSHMANAN HEALTH CAREER SCHOLARSHIP**

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.

School

Address

Degree/Diploma

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 any other 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.