

Received \_\_\_\_\_  
Interview \_\_\_\_\_  
Approved \_\_\_\_\_  
C. signed \_\_\_\_\_

(for office use only)

Application due March 31, 2025

Return to: Diane Eller  
510 East Boone  
Salem, IL 62881

## SALEM TOWNSHIP HOSPITAL AUXILIARY

### SCHOLARSHIP APPLICATION

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

#### PERSONAL INFORMATION

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

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

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#### EDUCATIONAL INFORMATION

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

School

Address

Degree/Diploma

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

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

Name of school \_\_\_\_\_ Full/Part time \_\_\_\_\_ Number 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 expenses per academic year. (Include tuition and fees, books and supplies)

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

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3. Do you contribute to the support of any other person (2) or have other financial obligations? (e.g. parents, children, current loans, etc.) If so, explain briefly. \_\_\_\_\_

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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.