

Received _____
Interview _____
Approved _____
C. signed _____

(for office use only)

Application due March 31, 2026

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)

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 _____ 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)

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 (2) 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.