

**CGH MEDICAL CENTER AUXILIARY
HEALTHCARE SCHOLARSHIPS**

The CGH Medical Center Auxiliary awards annual \$1,000 scholarships for tuition only to students, who are enrolled in health-related education programs, reside in the area served by CGH Medical Center and meet the criteria established by the Auxiliary. Scholarships are awarded based on the applicant's character, academic achievements, activities, financial need and community service. Academic achievement requires a minimum of 3.0 grade point average on a 4.0 scale overall or equivalent. Scholarships may be renewed **for up to four (4) years**, after successful completion of course work each year. Scholarship amounts are paid directly to the educational institution. The Scholarship Committee's definition of "health-related" **does not include:**

- Prerequisites or core curriculum necessary prior to acceptance into the specific health-related program.
- Degree specialties including pre-med, pre-pharmacy, physical therapy, audiology, speech therapy (and others) unless you have actually been admitted into the program which usually happens in these majors at the junior, senior or post graduate level of college.

**CGH AUXILIARY SCHOLARSHIP
DUE on or before APRIL 1
Please print or type**

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Student Cell Phone: _____ Student E-Mail: _____

High School Attended/Graduation Year: _____

Student's Status

List Cumulative Grade Point Average: _____

Name of the School Accepted at: _____

Address: _____

City: _____ State: _____ Zip: _____

Expected Graduation Date from your Healthcare Program: _____ (mo) _____ (yr)

Degree Sought: _____

Financial Information

Your primary source of support/income – **Please Check One**

You must include a copy of the first page of the tax return on which you are claimed.

_____ You are self-supporting (check this ONLY if not claimed on your parents' return)

_____ You and your spouse

_____ Your parents or legal guardian

_____ Other Relationship to yourself _____

Number of immediate family members currently enrolled in college besides yourself _____

Extenuating circumstances (family illness, loss of job, etc.) _____

Number of dependent persons in the family _____

Please list any educational loans and/or scholarships you will receive.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** : _____ Date: _____

**If applicant is under the age of 18

PLEASE READ CAREFULLY
YOUR APPLICATION WILL NOT BE CONSIDERED
IF ANY OF THE FOLLOWING ITEMS ARE MISSING
NO EXCEPTIONS!

APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting

Submit the following to **CGH Medical Center Auxiliary, Attn: Scholarship Committee, 100 East LeFevre, Sterling, IL 61081**. The packet must be postmarked **on or before April 1**.

- A brief profile of yourself including academic activities and achievements, volunteer services, employment and career goals. (4 to 5 paragraphs typewritten)
- Copy of grades (include **unofficial** record of grades, does not need to be notarized, see school counselor for assistance if needed)
- Copy of acceptance letter from school indicating program admitted to (**must be fully accepted and not still taking general education requirements prior to starting professional program**).
- Copy of **first page only** of a current personal income tax return. If you are claimed by your parents/legal guardian we will only consider their tax return. If you are not claimed as a dependent by your parents/legal guardian then submit your own tax return.
- Two letters of recommendation. These must be **dated, signed and written within the last 12 months by someone other than a relative**.
- DO NOT SUBMIT until all boxes above have been checked.

Questions can be directed to debra.keaschall@cghmc.com or 815-625-0400 Ext. 5727.

PERTINENT INFORMATION FOR SCHOLARSHIP RENEWAL:

1. Monies will be disbursed directly to the college/university at the beginning of the fall semester.
2. A minimum 3.0 GPA on a 4.0 GPA scale and full-time status must be maintained for automatic renewal.
3. An unofficial copy of grades must be received by July for automatic renewal.