

2017 CGH Health Foundation Nursing and Healthcare Scholarships

Friday, March 31, 2017 Deadline

NURSING SCHOLARSHIPS

SCHOLARSHIP: Althea Larson Nursing Scholarship

SPONSOR: CGH Health Foundation

AWARD: \$3,000 for up to 4 years

The Althea Larson Nursing Scholarship was created in 2002 by the CGH Health Foundation to assist qualified individuals in pursuing a professional nursing career. It was renamed in 2012 to honor the late Mrs. Larson, who was a former CGH Board member and Foundation trustee. The scholarship is based on financial need and can only be applied towards tuition and fees. Scholars may receive up to four (4) annual scholarships. Full- and part-time students in an accredited program for nursing may apply.

SCHOLARSHIP: Ron Smeltzer Nursing Scholarship

SPONSOR: Smeltzer Family

AWARD: \$1,500 for one year

The Ron L. Smeltzer Nursing Scholarship was created in 2007 by his family following his unexpected death. Ron was the chairman of the CGH Medical Center Board and a member for 29 years. He was also one of the founding fathers of the CGH Health Foundation, for which he served as a trustee for 20 years. The scholarship will assist qualified individuals in pursuing a professional nursing career. The scholarship is based on financial need and merit. Full- and part-time students in an accredited program for nursing may apply.

SCHOLARSHIP: Edgar and Florence Hall Nursing Scholarship

SPONSOR: Maxine Hall

AWARD: \$1,000 for one year

The Edgar and Florence Hall Nursing Scholarship was created in 2007 by their daughter, Maxine Hall, in their honor. Miss Hall was a long-time area teacher and supporter of continuing education. The scholarship is for full- and part-time students pursuing a degree in nursing. The award is based on merit as well as financial need. Funds will be applied towards tuition and fees.

SCHOLARSHIP: Dr. Ralph and Katherine Redmond Nursing Scholarship

SPONSOR: Mary Maxine Redmond

AWARD: \$1,000 for one year

The Dr. Ralph and Katherine Redmond Nursing Scholarship was created in 2014 by his sister, in honor of his long-time career as an area physician. The scholarship is for full- and part-time students pursuing a degree in nursing. The award is based on merit as well as financial need. Funds will be applied towards tuition and fees.

HEALTHCARE SCHOLARSHIPS (nursing students may apply as well)

SCHOLARSHIP: Sterling Rock Falls Community Trust Healthcare Scholarship

SPONSOR: Sterling Rock Falls Community Trust

AWARD: Two \$3,000 scholarships for one year

The Sterling Rock Falls Community Trust Healthcare Scholarship was created in 2004 in partnership with the CGH Health Foundation to assist qualified individuals in pursuing nursing or healthcare careers. Full- and part-time students may apply. One of the goals of the Trust is to provide educational scholarships for new and previous high school graduates from the Sterling-Rock Falls area. A 7-person board oversees the good works of the Trust, which has been in existence since 1968.

SCHOLARSHIP: Ed Andersen Healthcare Scholarship

SPONSOR: CGH Medical Center

AWARD: \$2,000 for one year

The Ed Andersen Healthcare Scholarship was established in 2014 by the CGH Board of Directors in gratitude for the former CGH CEO/President's exemplary career of more than 35 years. Ed's commitment and example of service to others left a tremendous impact on the healthcare status of our area communities. The healthcare scholarship is based on merit and financial need. Full- and part-time healthcare and nursing students may apply.

SCHOLARSHIP: Dr. Carmelo Interone Healthcare Scholarship

SPONSOR: Interone Family

AWARD: \$1,000 for one year

The Dr. Carmelo Interone Healthcare Scholarship was created in 2003 by Dr. Flora Interone, her family and friends in honor of the late surgeon. The beloved physician had practiced at CGH since 1973. He died suddenly in 2002. This memorial scholarship was instituted in honor of Dr. Interone's interest in maintaining excellence in healthcare. The healthcare scholarship is based on financial need and can only be applied towards tuition and fees. Full- and part-time students may apply.

SCHOLARSHIP: Marrietta Lilly Healthcare Scholarship

SPONSOR: Marrietta Lilly Family

AWARD: \$1,000 for one year

The Marrietta Lilly Healthcare Scholarship was created in 2006 by her family in grateful appreciation for the care received at CGH Medical Center prior to her death. Her family was so impressed with CGH staff that they wish to honor this excellence by assisting local individuals in pursuing a career in healthcare. The healthcare scholarship is based on financial need. Full- and part-time students may apply.

**2017 CGH Health Foundation
Nursing and Healthcare Scholarships
APPLICATION CRITERIA**

Eligibility Requirements

- ✓ Resides in CGH Medical Center service area (includes Whiteside, Lee, Carroll, Ogle, and Bureau counties)
- ✓ Demonstration of financial need
- ✓ Minimum 3.0 grade point average on a 4.0 scale overall or equivalent
- ✓ Proof of acceptance in accredited nursing program (CMA, LPN, RN, ADN, BSN, MSN)

OR

- ✓ Proof of acceptance in accredited healthcare program (such as physical therapy, speech pathology, pharmacy, emergency medical technician, radiology technology, dietitian, for example)
DOES NOT INCLUDE pre-med, pre-physical therapy and other type designations

Note: CGH Auxiliary Scholarships are NOT administered by the CGH Health Foundation. Please do not send those applications to the Foundation.

APPLICATION – Due Fri., March 31, 2017

Please print or type

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

Permanent Address: _____

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

Student cell phone: _____ Student email: _____

High school attended/Graduation year _____

Social Security Number: _____

NOTE: Your social security number is used as an identifier and will remain confidential.

Student's Status

First-time applicant Renewal applicant Expected credits per semester _____

List cumulative grade point average _____

Name of the school accepted at: _____

School Address: _____

City: _____ State: _____ Zip: _____

Expected graduation date from your nursing/healthcare program: _____ (mo)/_____ (yr)

Please indicate degree sought: _____

Financial Information

Your primary source of support/income - **Please Check One:**

_____ Your parents (**even if you have your own tax return, if you are claimed by your parents on their return, please send the page from your PARENTS' tax return showing adjusted gross income**)

_____ You and your spouse

_____ You are self-supporting (**send your own return ONLY if not claimed on your parents' return**)

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

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

Parents' place of employment Parent 1 _____

Parent 2 _____

Student's Place of employment _____

Number of dependent persons in the family claimed on tax return _____

Family's adjusted gross income (from page 1 of most recent income tax report filed) \$ _____
(if you are claimed as a dependent on your parents' tax report, then ONLY submit page 1)

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

PLEASE READ CAREFULLY!

**YOUR APPLICATION WILL NOT BE CONSIDERED
IF ANY OF THE FOLLOWING ITEMS
ARE MISSING.
NO EXCEPTION.**

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

Submit the following: (1) Email as an attachment to: foundation@cghmc.com (2) Mail to CGH Health Foundation, 100 E. LeFevre Road, Sterling 61081 or (3) drop off at Foundation office, 15 W. Third St., Sterling, **by Fri., March 31, 2017.**

- A brief profile of yourself emphasizing occupational 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 necessary)
- 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 parents' personal income tax return. If you are claimed by your parents we will only consider their tax return. If you are not claimed as a dependent by your parents, then submit your own tax return.
- Two letters of recommendation.
- DO NOT SUBMIT** until all boxes above have been checked.

Before submitting, if you have any questions about above instructions, please email or call Joan Hermes, Foundation Executive Director, at joan.hermes@cghmc.com or 815/625-0400, ext. 5672.

PERTINENT INFORMATION FOR AWARDEES:

1. Monies will be disbursed directly to the college/university at the beginning of the fall semester.
2. Scholarship recipients are required to submit a copy of proof of registration for the fall semester or quarter before disbursement will be made.
3. Scholarship recipients are required to submit a copy of first semester grades, showing proof of maintaining a minimum 3.0 GPA on a 4.0 GPA scale.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** _____ Date: _____

**If applicant is under the age of 18