

2019 CGH Health Foundation Nursing and Healthcare Scholarships

There is one application for both scholarships.

DEADLINE

- Due Friday, June 28, 2019 at 5 p.m.

NURSING SCHOLARSHIP

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 toward tuition and fees.

HEALTHCARE SCHOLARSHIP (nursing students may apply)

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.

APPLICATION CRITERIA

Eligibility Requirements

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

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

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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 _____

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, 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.) _____

Parent/Guardian place of employment 1 _____

Parent/Guardian place of employment 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 submit ONLY page 1)

Are you eligible for or receiving tuition reimbursement from CGH Medical Center? Yes No
Please list any educational loans and/or scholarships you have applied for:

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, 2600 N. Locust St., Sterling, **by 5 p.m. on Friday, June 28, 2019.**

- 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' 2018 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.
2. Scholarship recipients are required to submit proof of registration before disbursement occurs.
3. Scholarship recipients are required to submit copy of 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