## LITTLE COMPANY OF MARY HOSPITAL SCHOOL OF NURSING ALUMNI ASSOCIATION MONETARY SCHOLARSHIP AWARD APPLICATION

APPLICATIONS FOR THE 2024-2025 ACADEMIC YEAR MUST BE RECEIVED BY APRIL 1, 2024.

PERSONAL DATA

NameAddress  City, State Zip  *Student ID Number  Home Telephone _()  Cell Phone _()  E-Mail	Please attach a photograph of yourself that may be used by the Alumni Association for any and all of its publications. (A digital photograph may be sent via email to LCMMC.Foundation @OSFHealthcare.org)				
EDUCATIONAL BACKGROL	IND (PRE	SENT TO PA	AST)		
SCHOOL NAME AND ADDRESS		DATES ATTI FROM	ENDED TO	COURSE OF STUDY / MAJOR	DIPLOMA OR DEGREE
WORK HISTORY (PRESEN	ІТ ТО РА	ST)			
JOB TITLE	[	DATES	NAM	ME OF ORGANIZATION	ADDRESS

ESSAY	
Please attach a one-page essay stating your academic and profession	onal goals and the purpose of your career choice.
SCHOLARSHIP INFORMATION	_
Please provide the school name and address for scholarship pay	rment, e.g. Bursar, Financial Aid Office, etc.
Program of study:	
College / University:	
Payment Office/Dept:	
Address:	
Telephone:()	
Anticipated Start Date:	
Have you been officially accepted into a formal nursing program by th	e institution indicated above?
YES Please attach the letter of acceptance with this	application.
NO When do you anticipate a formal decision rega	rding the acceptance of into said program?
WRITTEN REFERENCE/RECOMMENDATIONS	
Please provide the names of the three people who will be prov	riding a current letter of reference for you. Signature is require
1. Relative Alumni:	Class Of:
2. Academic:	
3. Work:	

## ACADEMIC COST INFORMATION

DESCRIPTION	ESTIMATED AMOUNT

AGREEMENT		
If awarded, I agree to update my progress to the Littl	le Company of Mary Nurses' Alumni Board.	
(signature)	(date)	
(printed name)		

Interview: A Committee Member will conduct an interview by phone or in person with every applicant prior to determination of award.

## SUBMISSION INSTRUCTIONS

Your final application submission should include the following:

- 1. Completed application form
- 2. Essay
- 3. Headshot photo
- 4. Letter of acceptance into nursing program (if applicable)

Letters of reference may be included with your submission, or may be sent separately of your application.

Application materials may be submitted as follows:

EMAIL: LCMMC.Foundation@OSFHealthCare.org

Please include "LCM School of Nursing Alumni Association Scholarship" in the subject line.

MAIL: OSF HealthCare Foundation

ATTN: LCM School of Nursing Alumni Association

2800 W 95th St

Evergreen Park, IL 60805

For Office Use Only: Scholarship Committee member	