

Dear Scholarship Applicant:

Thank you for requesting an application and information concerning the OSF St. Joseph Auxiliary Scholarship program.

The following should prove helpful in answering any questions you may have:

- Any deserving student who is enrolled in an accredited program in the healthcare field is eligible to submit an application for the scholarship. This includes fields such as: Nursing, Lab Technician, Medical School, Radiology, Medical Records, LPN, Physical Therapy, etc.
- The OSF St. Joseph Auxiliary awards scholarships to students each year. Decisions are based on the following criteria: financial need, academic performance, and career interest. Should the person receiving the scholarship **not** finish their education endeavor, a prorated amount of the scholarship must be repaid.
- A special committee will meet at the end of June to select the recipients of the scholarships. All applicants will be sent a letter informing them of the committee's decision in mid July. The scholarship checks for the fall semester will be sent at this time directly to the recipient's designated school.

All persons wishing to be considered for a scholarship and who meet the Auxiliary's requirements **must complete and return the enclosed application and all supporting materials by June 1 to:**

**OSF St. Joseph Auxiliary  
C/O Scholarship Committee  
2200 E Washington St  
Bloomington, IL 61701**

If you have any questions or need additional information please contact:

Email: [SJMCAuxiliary@osfhealthcare.org](mailto:SJMCAuxiliary@osfhealthcare.org)

Sincerely,

Auxiliary Scholarship Committee

Kris Burke

Mary Long

## **Instructions and Requirements**

**Please submit the following as part of your application:**

1. Complete the Enclosed Application. **This application is double sided.**
2. **Two (2) letters of reference** selected from a teacher, counselor, employer, supervisor or clergy member. Letters must be sent directly to:

**OSF St. Joseph Auxiliary  
2200 E Washington St  
Bloomington, IL 61701**

**OR Emailed by the writer to  
SJMCAuxiliary@osfhealthcare.org**

**\*Note:** It is recommended that you follow up with your reference requests to be sure they have sent the letters to us by the application deadline.

3. **A introduction and profile** of yourself, stressing factors relevant to your occupational choice and goals and qualifications you feel you have to pursue your education for your chosen profession. Limit this essay to one typewritten page and include as a cover page with your application. You may mail this or use our email.
- 4.. **\*An official high school or college transcript.** This is your last transcript (December/Winter) A high school transcript is needed only if you are entering freshman year of a two or four year college or first year of a hospital-based program. Please note that transcripts will be accepted electronically for educational institutions that work with third-party vendors to process transcript requests.

Transcripts must be sent directly to:

OSF St. Joseph Auxiliary  
C/O Scholarship Committee  
2200 E Washington St  
Bloomington, IL 61701

**\*Note:** Please check with your institution as soon as possible regarding the amount of time they require for this type of request. Ensure there is ample time for us to receive the transcripts before the application deadline.

5. **\*Official proof of acceptance** (if not currently enrolled) from the educational institution you will attend.

**\*Note:** You may attach a copy of your acceptance letter to your application.

### **Important Notes for Scholarship Applicants**

Transcripts and letter of reference will, however, be accepted from educational institutions that use third-party vendors to process transcript requests.

If at any time you wish to check on the status of your application, you may email the Auxiliary at [SJMCAuxiliary@osfhealthcare.org](mailto:SJMCAuxiliary@osfhealthcare.org)

It is the responsibility of the applicant to ensure that his or her application is complete.

**Completed applications must reach the OSF St. Joseph Auxiliary no later than June 1.** Please note that applications or application materials that are submitted with a postmark date of June 2 or later **will not be considered** for this year's Auxiliary Scholarship program.

# OSF St. Joseph Auxiliary Scholarship Application

Please print or type. All blanks must be completed. Use N/A where not applicable.

<b>Personal Information</b>			
Full Name			
Permanent Address – Street			
City	State	Zip Code	
Phone Number (Home or Cell)			
EMAIL			
Birth Date			
Marital Status		Spouse's name	
Dependents	Name	Relationship	Age

<b>Educational Information</b>
What is your professional goal?
What is your course of study?
What is your expected academic level as of September of this year? Freshman      Sophomore      Junior      Senior
What is your cumulative grade point average (GPA)? Please include scale (ex: 4.0, 5.0)
What school will you attend in the fall?
Are you a full or part time student?      Full Time      Part Time

School	Address	Degree/Diploma

What honors (academic or otherwise) have you received and when?

Do you have an affiliation with or connection to OSF St. Joseph Medical Center?

**Occupational Information**

In what health or science related fields or activities have you been involved, as an employee, a volunteer, a student or for recreation?

List past employment with details (please include volunteer work)			
Dates From/To	Employer	Title/Responsibilities	Full or part time

If you are not currently in school, how have you been occupied since leaving school?

<b>Confidential Information (If independent of parents' financial assistance, indicate N/A)</b>		
Father's name		
Occupation		
Place of employment		
Mother's name		
Occupation		
Place of employment		
Combined approximate annual income of parents.		
Spouse's name (if not married, please indicate N/A)		
Occupation and approximate annual income		
Place of employment		
Applicant's approximate annual income		
Do you have siblings?	How many?	What are their ages?
How many are in college?		
How much are your parents contributing to your and / or your siblings' tuition/expenses?		

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: current loans, living expenses, automobile, insurance, childcare, etc.) Please list amounts of each:

Have you previously applied or do you currently plan on applying for tuition reimbursement through OSF HealthCare (applicable only to qualified OSF employees)?

Below, list your resources and anticipated expenses for the coming school year.

Resources (Estimated per academic year)		Expenses (Estimated per academic year)	
Parents	\$	Tuition/Fees	\$
Friends/Relatives	\$	Room/Board	\$
Personal Savings	\$	Books/Supplies	\$
Employment	\$	Transportation	\$
Loans	\$	Personal/Other	\$
Other	\$		
Scholarships/Grants/ received	\$		
Applied for	\$		
Total	\$	Total	\$

**CONSENT FOR RELEASE OF INFORMATION**

I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of OSF St. Joseph Auxiliary Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as OSF St. Joseph Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.

Signature of Applicant \_\_\_\_\_

Date Completed \_\_\_\_\_