



2020 Elizabeth Baethke Memorial Scholarship Application

QUALIFICATIONS:

1. Resident of the area which OSF HealthCare Saint Luke Medical Center serves (Kewanee, Galva, Cambridge, Neponset, Sheffield, Annawan, LaFayette, Bishop Hill, Mineral, Toulon, Wyoming, West Jersey).
2. An applicant must be enrolled in a program of study for any of the allied health fields, including nursing, dietetics, medical record library science, pharmacy, x-ray technology, medical social work, occupational or physical therapy, medical technology, lab, surgical services, kinesiology, respiratory therapy or speech pathology.
3. The application form must be completed and returned on or before 4:00 p.m. Monday, August 31st. The scholarship recipient will be notified of his/her award by Tuesday, September 15, 2020.
4. One scholarship will be awarded in the form of a check in the amount of \$700.00, payable to the school of the applicant's acceptance.
5. The school attended by the scholarship winner must be an accredited or recognized as a legitimate institution in the health career fields.
6. Any high school graduate, not necessarily a college freshman, who has been accepted into or is currently enrolled in a program of study for one of the "allied health fields," may be considered.
7. If the applicant fails to complete the school term, the scholarship is to be returned to OSF HealthCare Saint Luke Medical Center.
8. Recipient is expected to show proof of having completed the school term for which the award was granted.

PLEASE PRINT OR TYPE

**OSF HEALTHCARE SAINT LUKE MEDICAL CENTER
2020 ELIZABETH BAETHKE MEMORIAL
SCHOLARSHIP APPLICATION**

1. Full name _____
2. Present address _____ 3. Telephone _____
Email address _____
4. Permanent address _____ 5. Birthdate _____
6. Marital status (if not married, are you engaged?) _____
7. Dependents (name, age, and relationship) _____
8. What is your occupational goal? _____
9. What school will you be or are you attending this Fall? _____
Student ID Number _____
10. Full or part time? _____ 11. Expected graduation date _____
12. If part time, specifically what else will you be doing? _____
13. Residence plans: Dormitory _____ Home _____ Other (Specify) _____
14. In what course of study will you be enrolled, and at what academic level? _____
15. If a college undergraduate, what major have you declared? _____
16. Have you completed post-high school study in a field other than that which you will be enrolled this fall? If so, what, and how do you explain your change of interest? _____

17. Do you plan to remain in Illinois for employment? _____
18. Information regarding family (CONFIDENTIAL, need not be completed if you are entirely self-supported).
 - (A) Fathers name _____
Occupation and approximate income _____
 - (B) Mothers name _____
Occupation and approximate income _____
 - (C) Number and ages of siblings/dependents _____
 - (D) How many in school? _____ How many of these in college? _____
 - (E) Spouse's name _____

(F) Occupation _____

(G) Annual approximate income _____

19. List in chronological order all schools attended beyond elementary school (with degrees or diplomas obtained).

20. What honors, academic or otherwise, have you received, and when? _____

21. In what health or science-related fields or activities have you been involved, either for recreation, as a volunteer, or as an employee? _____

22. What particular qualifications do you feel you have for the occupation you have chosen? When did you decide on this field, and what were some of the factors, which led to your decision? _____

23. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part time. _____

24. If you are not currently enrolled in school, how have you been occupied since leaving school? _____

25. Who is the primary contributor to your support? _____

26. Do you contribute to the support of any other person(s) or have financial obligations? If so, explain.

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

	Resources	Expenses
Family Support	\$	
Personal Savings	\$	
Scholarships/Grants	\$	
Loans	\$	\$
Employment	\$	
Tuition & Fees		\$
Room & Board		\$
Books & Supplies		\$
Transportation		\$
Personal/Other		\$
Total	\$	\$

28. How much assistance do you feel you need in paying tuition and fees? \$ _____

29. AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

- (1) AT LEAST TWO LETTERS OR REFERENCE, ONE PERSONAL AND ONE FROM A TEACHER OR COUNSELOR.
- (2) A BRIEFLY WRITTEN PROFILE OF YOURSELF, STRESSING ASPECTS RELEVANT TO YOUR OCCUPATIONAL CHOICE AND GOALS (No more than one typewritten page).
- (3) YOUR HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT (UNOFFICIAL IS ACCEPTABLE) AND AVAILABLE APTITUDE AND ACHIEVEMENT TESTS. YOUR HIGH SCHOOL TRANSCRIPT IS NOT NECESSARY IF YOU HAVE HAD MORE THAN ONE YEAR OF COLLEGE.

The information on this form is all, to the best of my knowledge, complete and valid. I firmly plan to complete my intended course of study.

Signature of applicant _____

Signature of parent or guardian _____
(If applicant is not completely self-supporting)