



2020 RUTH NEFF MEMORIAL NURSING SCHOLARSHIP

Eligibility Requirements

Applicant must:

1. Be enrolled in the **final year** of a Registered Nursing or BSN program.
2. Possess a 3.0 GPA on a 4.0 scale upon entering final year.
3. Be a graduate of one of the following **Illinois** high schools*:
 - a) Annawan High School
 - b) Bureau Valley High School
 - c) Cambridge High School
 - d) Galva High School
 - e) Kewanee High School
 - f) Stark County High School
 - g) Wethersfield High School

* or area high school that has been closed or consolidated into one of the above-listed schools.

4. Acquire 2 letters of recommendation:
 - a) One from a teacher at the school you are attending and,
 - b) One from a non-relative.
5. Submit completed application form along with letters of recommendation and most recent transcript (unofficial is acceptable) by **Monday, August 31 at 4:00pm** to:

OSF HealthCare Saint Luke Medical Center
Attn: Stephanie Hilten, Foundation
1051 West South Street
Kewanee, IL 61443

One scholarship will be awarded annually based on financial need, scholastic achievement, and long-term professional and personal goals of applicant. Scholarship recipients will be notified of award by Tuesday, September 15. This year's scholarship award of **\$700** will be paid directly to the recipient to be used for tuition and/or books and lab fees.

Applications are available online or by contacting Stephanie Hilten at 309.344.3161 x 64450.

2020 RUTH NEFF MEMORIAL NURSING SCHOLARSHIP APPLICATION

PLEASE PRINT:

Name _____
(Last Name) (First Name) (Middle Name)

Present Address _____

Email Address _____

City _____ State _____ Zip _____

Telephone Number _____

Name of hospital nearest your home _____

Name of Parent/Guardian _____

Or Spouse (for legal notification purposes) _____

Marital Status _____

Number of dependents (age and relationship)

Name of high school attended _____ Year graduated _____

Name of nursing school you are attending _____

City/State _____

Date you expect to graduate _____ Grade Point Average _____

Student ID Number _____

Academic Honors (if any) _____

Please provide anticipated budget for the coming school year:

Tuition	_____
Books/Lab Fees	_____
Room/Board	_____
TOTAL	_____

Have you applied for, or are you currently receiving any form of financial aid? Please list sources below:

Are there extenuating circumstances which places you in a position of financial need at this time?

If you live independently (not supported by your parents), what is your annual combined household income? (if married, be sure to include both incomes)

Brief autobiography:

Why did you choose nursing as a career?

In what specialty fields of nursing are you most interested?

Please state your plans following graduation:

To my knowledge the information herein is correct.

Signature of Applicant _____ Date _____