

Dr. James E. Dailey Scholarship

The Dr. James E. Dailey Scholarship will be awarded for one year. The recipient must be a resident of the Iroquois Memorial Hospital service area who has been accepted into an accredited professional school to pursue a health related career. Documentation of acceptance must accompany applications. Curriculum choices include medical or dental school, nursing, veterinary medicine, dietetics, advanced practitioner, medical technician, medical secretary, clinical psychology or other medical occupation deemed acceptable by the scholarship committee. Students are NOT eligible if they have only been accepted into a "*general studies program*" or in a "*pre-curriculum*". Examples NOT eligible include but are not limited to: "Pre-Medicine", "Pre-Nursing" or "Pre-Physical Therapy." Once the student has been accepted into an accredited program, they will become eligible to apply.

The Dr. James E. Dailey Scholarship committee shall consist of a member of the Medical Staff of Iroquois Memorial Hospital, a member of the IMH Auxiliary Scholarship Committee and a member of the Dr. James E. Dailey Family. The committee will consider the applicant's attitude toward his/her proposed course of study, past record of scholarship and financial need.

Completed applications plus attachments can be emailed to bdjohnson@mchsi.com or mailed to:

**Brenna Johnson
1545 N. 2000 East Rd.
Watseka, IL 60970**

Completed applications must be received by April 30th, 2022. Scholarships will be awarded for one year only and may be renewed only upon re-application.

Monetary awards will be sent directly to the recipient's school to be applied toward tuition expense.

For additional information, you may contact Brenna Johnson at 815.383.4774.

Dr. James E. Dailey Scholarship Application

Date: _____

Applicant: _____ Birthday: _____

Address: _____ Phone: _____

Parent or Guardian: _____

High School attended: _____

Date of Graduation: _____ Class Rank: ____ in a class of _____

Proposed course of study: _____

Leading to (degree): _____

Accepted at (school): _____

Address of school: _____

Course to begin: _____ Course to be completed: _____

Attendance at school(s) after graduation from high school: _____

Name of school: _____

Dates of attendance: _____

Anticipated source of funds to complete education: _____

Brief statement as to reasons for entering proposed course

of study: _____

Please submit the following with the application:

- 1. Copy of school transcripts from last school attended**
- 2. Letters of recommendation from an Advisor or Instructor at the school last attended.**
- 3. Documentation of acceptance into professional school**

Completed applications plus attachments can be emailed to bdjohnson@mchsi.com or mailed to:

**Brenna Johnson
1545 N 2000 East Rd.
Watseka, IL 60970**

Applicant's Signature: _____