



## **GUIDELINES FOR THE IMH MEDICAL STAFF SCHOLARSHIP**

Applicants must be pursuing their education in a health related field of study.

Completed applications should be post-marked by April 30, 2022. Mail completed application and letter of recommendation to:

IMH Medical Staff Scholarships  
c/o Michelle Fox, RN  
Iroquois Memorial Hospital  
200 E. Fairman Ave.  
Watseka, IL 60970

For questions about eligibility, contact Michelle Fox at 815-432-7775 or 800-242-2741 ext 7775.

The IMH Medical Staff Scholarship Application form can also be downloaded by going to [www.imhrh.org](http://www.imhrh.org).

# MEDICAL STAFF SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_

PARENTS/GUARDIAN: \_\_\_\_\_

HIGH SCHOOL/ADDRESS: \_\_\_\_\_

YEAR OF GRADUATION/PRINCIPAL'S NAME: \_\_\_\_\_

RANK IN CLASS: \_\_\_\_\_ IN CLASS OF: \_\_\_\_\_ GPA: \_\_\_\_\_

PROPOSED COURSE OF STUDY: \_\_\_\_\_

LEADING TO (DEGREE): \_\_\_\_\_

ACCEPTED/ENROLLED AT (COLLEGE): \_\_\_\_\_

EXPECTED START/GRADUATION DATE: \_\_\_\_\_

Do you intend to utilize your education in healthcare at this hospital, or in this county?

\_\_\_\_ Yes      \_\_\_\_ No

Brief statement as to reasons for entering proposed course of study:

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Please attach a recommendation letter (cannot be from a relative or friend) and a Personal Information Sheet (i.e. resume).

All information submitted by me on the application and attached Personal Information Sheet is correct and accurate. I understand that if any false information is submitted, I will be required to repay any monies given to me by the Medical Staff.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return to: Iroquois Memorial Hospital Attn: Michelle Fox, 200 E. Fairman Ave., Watseka, IL 60970