



## MEDICAL STAFF SCHOLARSHIP APPLICATION

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

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

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

SCHOOL NAME/ADDRESS: \_\_\_\_\_

GRADUATION YEAR: HIGH SCHOOL: \_\_\_\_\_ COLLEGE (if prior degree): \_\_\_\_\_

RANK IN CLASS: \_\_\_\_\_ IN CLASS OF: \_\_\_\_\_ GPA: \_\_\_\_\_ (high school seniors only)

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 Fairman Watseka, IL 60970 by April 30, 2023