OSF Holy Family Medical Center Auxiliary Scholarship Program

Contact Person:

Stephanie Hilten
OSF HealthCare Holy Family Medical Center
1000 West Harlem Avenue | Monmouth, Illinois 61462
Phone: 734-1516 | Email: SLHilten@osfhealthcare.org

Eligibility:

Must be enrolled in an accredited health-related curriculum for at least 10 hours per semester. Need not be an Illinois institution.

Good academic standing and financial need are required.

Applications must be received by April 1, ~~2024~~ 2025. Late applications will not be considered.

Completion of Scholarship Application Form is required, along with requirements (transcript and personal statement).

Only one family member at a time is eligible for an OSF Holy Family Medical Center Auxiliary Scholarship.

Residents of Warren and Henderson Counties, employees of OSF Holy Family Medical Center, and children of OSF Holy Family employees are eligible for OSF Holy Family Medical Center Auxiliary Scholarships.

Scholarship Provisions:

A maximum of 10 scholarships total up to $1000/year will be awarded for studies in a health related curriculum; renewable with continued academic success.

Scholarship awards are paid directly to the appropriate school authorities each fall and are to be applied toward tuition, fees, room and board, and books.

Scholarships are given on a one academic year renewable basis, contingent upon the individual student's sustained academic success, completion of the OSF Holy Family Auxiliary *Scholarship Renewal Form*, continued financial need, and availability of funds.

Selection of candidates will be made at the OSF Holy Family Medical Center Auxiliary Board Meeting held in April each year.

-more-

Requirements of Recipient:

Report any changes in course of study or academic standing to the Scholarship Chairperson.

Submit a copy of grades from the college or university each year.

A scholarship agreement must be signed and returned to the scholarship chairperson before funding will be released to the college or university.

A *Scholarship Renewal Form* must be completed by April 1st each year to be considered for scholarship renewal. Forms are available by contacting Stephanie Hilten at 309-734-1516 or SLHilten@osfhealthcare.org.

Upon completion of training, scholarship recipients are encouraged to apply for employment at OSF Holy Family Medical Center, if a position is available.

OSF Holy Family Medical Center
Auxiliary Scholarship Application

OSF HealthCare

All blanks should be completed, using 'NA' where applicable.
Application must be received by April 1st to be considered for the fall.

Personal Information

Name: _____
Last First MI

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

List number, age and relationship of any dependents: _____

_____

List number and age of any siblings: _____

_____

Educational Information

Name of school you will attend: _____

Have you been accepted? _____ Date School Begins: _____

What is your course of study? _____

What are your professional goals? _____

List all schools attended beyond elementary school and degrees or diplomas granted:

_____

_____

What honors (academic/otherwise) have you received and when?

_____

_____

If you are not currently in school, how have you been occupied since leaving school?

_____

_____

Address of the financial aid office of your school:

_____

_____

_____

Student ID Number: _____

Occupational Information

List all jobs you have held (dates/employer/type of work):

_____

_____

_____

In what health related fields or activities have you been involved?

_____

_____

As a part of your application, please submit the following:

1. An official high school and/or college transcript. May be mailed to OSF HealthCare Holy Family Medical Center, C/O: Stephanie Hilten, 1000 West Harlem Ave., Monmouth, IL 61462.
2. Submit a brief statement of why you deserve this scholarship.

Consent for release of information:

I hereby consent to the release of any information in connection with the application that may be of assistance to the Board of the Auxiliary in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Holy Family Medical Center Auxiliary is concerned, since it is my understanding that the information will be used only in the evaluation of my application for the scholarship.

Signature of Applicant: _____ Date: _____