



900 N. 2nd St.
Rochelle, IL 61068
815/562-2181

Rochelle Community Hospital Auxiliary Scholarship Award Information

1. Eligibility for Scholarship Award:
The recipient must be:
 - a. A graduating senior or a graduate of either Rochelle or Ashton High School district. (If the applicant has been a Rochelle area resident (live with in 15 miles of Rochelle) and/or a RCH employee or child of RCH employee)
 - b. Pursuing a career in the health care field and have been accepted into or is currently enrolled in an accredited program.

Past applicants are eligible to reapply.

The school to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program by the appropriate agencies.

Your response to the essay questions and your academic performance are priorities. Financial need will be taken into consideration, but it is not necessarily the primary factor. Prior work and/or volunteer experience in the field of the applicant's choice will also be considered.

2. Information pertaining to the scholarship Award: The \$1,000 Health Careers Award will be sent directly to the proper school department, as designated by the scholarship recipient. The award can be applied toward tuition, fees, or books.
3. Applicant's Responsibility:

SCHOLARSHIP APPLICATION DEADLINE IS: March 9, 2012 and selection will be made in April.

If the scholarship recipient drops out of school or changes to a non-health field of study, he/she is to return the sum received to the Rochelle Community Hospital Auxiliary.

Questions and completed applications for the scholarship award should be directed to:

Rochelle Community Hospital Auxiliary Scholarship Chairman
Stacey Sibley
Rochelle Community Hospital
900 N. Second St.
Rochelle, IL 61068



Rochelle Community Hospital Auxiliary Application for Health Careers Scholarship

Please print or type. All blanks must be completed. Use N/A for questions that are not applicable.

I. Personal Information

1. Full name:

2. a. Present Address
Street:

City: _____ Zip: _____

Telephone: _____ Number of years at present address: _____

3. Birth Date _____

4. a. Marital Status _____

b. Spouse's Name _____

c. Dependents (age & relationship)

II. Educational Information

1. a. Check the following Health Careers in which you are interested in pursuing:

_____ Nursing	_____ Pharmacy
_____ Physician	_____ X-ray Technician
_____ Physical/Occupational Therapy	_____ Lab Technician
_____ Respiratory Therapy	
_____ Other _____	

b. What is your professional goal (specific interest)?

c. What is your expected academic level as of September 2012? _____

d. What is your cumulative grade point average? _____

2. a. What school will you attend this fall? _____

b. Full or part-time? _____ c. Expected graduation date? _____

d. If part-time, specifically what else will you be doing? _____

3. Residence plans: Dormitory _____ Home _____ Other (specify) _____

4. List in chronological order all schools attended beyond elementary school and degrees or diplomas granted.

Name of School - Degree Year Graduated/Degree Received

5. What honors (academic or otherwise) have you received and when?

III. Occupational Information

1. In what health or science-related fields or activities have you been involved, for recreation, as a volunteer, or an employee? (Please highlight any volunteer activities.)

2. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

Employer	Dates	Responsibilities
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3. If you are not currently in school, how have you been occupied since leaving school?

IV. Confidential Information (only complete father/mother information if single)

1. a. **Father's name** (if applicable): _____

b. Address (if different than yours):

c. Place of employment: _____

d. Occupation & approximate income: _____

2. a. **Mother's name** (if applicable): _____

b. Address (if different than yours):

c. Place of employment: _____

d. Occupation & approximate income: _____

3. a. **Number & ages of siblings** (if you are living at home)

b. How many in school? _____ How many in college? _____

4. a. **Spouse's place of employment** (if applicable)

Company: _____

b. Occupation & approximate income: _____

5. Applicant's approximate income: _____

6. Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: Current loans - amount and when due.)

7. Below, list your resources and anticipated expenses for the coming school year.

RESOURCES (Estimated per academic year)

Parents \$ _____

Other Scholarships \$ _____

Personal savings \$ _____

Employment \$ _____

Loans \$ _____

Other* \$ _____

TOTAL \$ _____

EXPENSES (per academic year)

Tuition & fees \$ _____

Room & Board \$ _____

Books & Supplies \$ _____

Transportation \$ _____

Personal & other \$ _____

TOTAL \$ _____

*List scholarships, grants, etc.; specify 1. Received, or 2. Applied for

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

1) INCLUDE AT LEAST TWO CURRENT LETTERS OF REFERENCE SELECTED FROM TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY.

2) PROFILE OF YOURSELF, STRESSING FACTORS RELEVANT TO YOUR OCCUPATIONAL CHOICE AND GOALS, QUALIFICATIONS YOU HAVE TO PURSUE YOUR EDUCATION FOR YOUR CHOSEN PROFESSION, LIMIT TO ONE TYPEWRITTEN PAGE.

3) AN OFFICIAL HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT AND AVAILABLE APTITUDE AND ACHIEVEMENT TESTS.

4) OFFICIAL PROOF OF ACCEPTANCE (IF NOT CURRENTLY ENROLLED) FROM THE EDUCATIONAL INSTITUTION YOU WILL ATTEND.

"I hereby certify that all answers to these questions and all statements on this application are true. I agree and understand that any misstatements of material facts contained in this application may cause forfeiture upon my part of all rights to any scholarship sought hereunder."

Applicants Signature:

Date: _____

ONLY THE SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED

Return To:
Stacey Sibley
Rochelle Community Hospital
900 N. 2nd Street
Rochelle, IL 61068