

January 2022



900 N. 2nd St. • Rochelle, IL 61068
815-562-2181 • www.rochellehospital.com

Rochelle Community Hospital Auxiliary Scholarship Award Information

Eligibility for Scholarship Award:

The recipient must be pursuing a career in the healthcare field and have been accepted into or is currently enrolled in an accredited program **AND** is:

- A graduating senior or a graduate of either Rochelle, Ashton-Franklin Center or Oregon High School district **OR**
- A current Rochelle area resident (live within 15 miles of Rochelle) **OR**
- A RCH employee or child of RCH employee.

If you have previously received an RCH Auxiliary scholarship, you can re-apply after 2 years.

The school to be attended does not need to 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.

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 towards tuition, fees, or books.

Applicant's Responsibility:

SCHOLARSHIP APPLICATION DEADLINE IS: **March 4, 2022 at 3:00 p.m.** and selection will be made in April.

If the scholarship recipient drops out of school or changes to a non-healthcare 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
Michelle LaPage
Rochelle Community Hospital
900 N. Second St.
Rochelle, IL 61068

Phone: 815-561-3110
mlapage@rcha.net



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

Full name: _____

Current Street Address: _____

City: _____ State: IL Zip: _____

Telephone: _____ Number of years at present address: _____

Birth Date: _____ Email Address: _____

Marital Status (Check one): Single Married Divorced Widowed

Spouse's Name (if applicable): _____

Dependents (age & relationship):

II. Educational Information

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

- | | |
|--|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Physician | <input type="checkbox"/> X-ray Technician |
| <input type="checkbox"/> Physical/Occupational Therapy | <input type="checkbox"/> Lab Technician |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Health Informatics |
| <input type="checkbox"/> Other | |

What is your professional goal (specific interest)?

What is your expected academic level as of September 2022? _____

What is your cumulative grade point average? _____

What school will you attend this fall? _____

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Full or part-time? _____ Expected graduation date? _____

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

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

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

Name of School - Degree Year Graduated/Degree Received

What honors (academic or otherwise) have you received and when? (Examples: National Honor Society, service club member, athletics, arts, academics, certifications, nominations, Renaissance, community involvement)

III. Occupational Information

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

Organization	Dates or Total Hours	Responsibilities

List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time.

Employer	Dates	Responsibilities

Additional non-healthcare related volunteer work.

Organization	Dates or Total Hours	Responsibilities

IV. Confidential Information (only complete father/mother information if you are single and reside with one or both)

Father's Information

Name: _____

Address (if different than yours):

Place of employment: _____

Occupation & approximate income: _____

Mother's Information

Name: _____

Address (if different than yours):

Place of employment: _____

Occupation & approximate income: _____

Number & ages of siblings (if you are living at home)

How many siblings in school? _____ How many siblings in college? _____

Spouse's place of employment (if applicable)

Company: _____

Occupation & approximate income: _____

Applicant's approximate income: _____

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.)

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 if they have been **Received** or **Applied for**

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

- At least **two** current letters of reference from a non-family member who can give an unbiased opinion of your character and achievements. Examples: teacher, counselor, employer, supervisor, or clergy.
- Profile of yourself, stressing factors relevant to your occupational choice, goals, and qualifications you have to pursue education towards your chosen profession. **Should be 1-2 typewritten pages maximum.**
- An official high school and/or college transcript and available aptitude and achievement tests.
- Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.
- Please note that applications will **not** be considered for the scholarship if they are missing any of the above required components.

"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 information contained in this application may cause forfeiture upon my part of all rights to any scholarship sought hereunder."

Applicant's Signature: _____

Date: _____

Return To:
Michelle LaPage
Rochelle Community Hospital
900 N. 2nd Street
Rochelle, IL 61068
815-561-3110 or mlapage@rcha.net