

Part 2: SCHOLARSHIP APPLICATION 2013
CGH MEDICAL CENTER AUXILIARY
STERLING, ILLINOIS
SCHOLARSHIP APPLICATION FORM
HEALTH-RELATED FIELDS

APPLICANT'S DATA

Name _____
Last First Middle

Permanent Address _____
Street City State Zip

Present Address (if different from above) _____
Street City State Zip

Date of Birth _____ Phone Number _____

Name and phone number of a relative or friend who will know how to reach you throughout your educational experience:

Name	Phone No.	Relationship
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FAMILY INFORMATION

Your marital status: Single Married Separated Divorced

How many children do you have? _____ Ages _____

A. If you are supported by your parents, please furnish the following information; if you are not, please skip to Part B:

What is your parents' current marital status? (Check one)

Married Divorced Single Separated Widowed

Father's Name _____ Living/Deceased _____

Address _____

Occupation _____ Employer _____

Mother's Name _____ Living/Deceased _____

Address _____

Occupation _____ Employer _____

No. of brothers _____ Ages _____ No. of sisters _____ Ages _____

B. If you are married, please furnish the following information; if this section does not apply, skip to Section C:

Spouse's name _____

Occupation _____ Employer _____

C. If you are supported by an individual other than your parents or spouse, please furnish the following information; if this section does not apply to you, skip to section D:

Name _____

Address _____
Street City State Zip

Occupation _____ Employer _____

Relationship to yourself _____

D. If you support yourself and are not claimed as a dependent on someone else's tax return, please furnish the following:

Occupation _____ Employer _____

EDUCATION

Present school status (check one):

High School Vocational College Graduate School Not enrolled

High School _____ Graduated _____ GPA _____

Institutions of Higher Learning:	Dates	Credits/ Degrees Earned	GPA
_____	_____	_____	_____
_____	_____	_____	_____

CURRICULAR - - EXTRA-CURRICULAR ACTIVITIES

List high school, college, or community organizations in which you have participated:

Name of organization _____ Date _____ Position held, if any _____

List special honors received: High School or Post Date

WORK EXPERIENCE

Employer	Duties	Dates	Hours/Week

FINANCIAL STATEMENT

The answers to the following questions should reflect your primary source of support/income (check one):

Your parents (you are claimed as a dependent on their tax return)

You and your spouse (you are claimed as a dependent on his/her return or you file separate returns)

You are self-supporting

Number of dependent persons in the family _____

Number of family members currently enrolled in college besides yourself _____

Family's combined net income (tax figure from most recent income tax return)
 \$ _____ Date of return _____

Does your family have any unusual demands on income, such as illness, handicaps, or aged dependents?

(Describe)

List your expenses for the coming year: (institutional related only)

Tuition (annual) _____ Books _____

Housing (annual) _____ Personal expenses (annual) _____

Misc. _____

Other significant expenses (Explain) _____

Total estimated expenses _____

How do you plan to finance your education? (work, savings, family contributions, etc.) Please be specific.

Source	Amount
_____	_____
_____	_____
_____	_____

Are you a recipient of other loans and/or scholarships? (List)

Signature	Date
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e-Mail address _____

Social Security _____

Note: Scholarship recipient will only need to submit Social Security number upon notification of Scholarship Award.

Note: Application and all supporting materials are due April 1, 2013 including letters of recommendation* sent to Deb Slifer, 1410 E. 36th St, Sterling, IL 61081

*(Letters must be postmarked by April 1, 2013, or your application will not be considered)