

THE THOMAS DIXON MEMORIAL SCHOLARSHIP

APPLICATION FORM

NOTE: Please type and then print out your completed application form. You must return the application and the following information to the Kirby Medical Center information desk by April 2, 2012.

- a. two letters of reference, one personal and one from a teacher or guidance counselor,**
- b. proof of acceptance (if not currently enrolled) from an educational institution,**
- c. official high school and/or official college transcript,**
- d. available aptitude and achievement tests, and**
- e. brief personal essay.**

This scholarship, given by the Kirby Auxiliary, is to be applied toward tuition fees, board and room, or books. It will be given to a qualified student of Piatt County, Illinois, who is pursuing a field of study in health careers. Any student currently enrolled in or accepted into a certificate or degree conferring health care sequence (such as medical school, dental school, nursing program, pharmacy schools, etc.) is eligible to apply. Students in general course of study programs (i.e. pre-med or liberal arts) are not eligible to apply. Also, the fields of athletic trainer or veterinary medicine will not be considered. Schools attended must be accredited or recognized as a legitimate institution, but need not be a school in Illinois.

The recipient must be a full-time student (completing a minimum of 12 credit hours per semester to be considered full-time) and maintain a cumulative GPA of 3.6 on a 5-point scale or a 2.6 on a 4-point scale. After the fall semester, the recipient must submit proof of grades with an unofficial transcript and a copy of the second semester class schedule to the scholarship committee chairperson for the scholarship to continue. The recipient must submit an official transcript at the end of each academic year. A student who is in good standing may reapply annually and may receive the Thomas Dixon Memorial Scholarship for up to, but not to exceed, six (6) semesters at an approved institution.

Furthermore, the recipient will not receive the award if the recipient changes the approved course of study or withdraws from the school.

The recipient should notify the scholarship committee chairperson immediately if the recipient falls below 12 credit hours during any semester.

Upon completion of the courses, the recipient is under no obligation to return to the Kirby Medical Center as an employee.

Return completed application and letter of recommendation by **April 2, 2012** to:

**The Thomas Dixon Memorial Scholarship Committee
C/o Kirby Medical Center
1000 Medical Center Drive
Monticello, Illinois 61856**



THE THOMAS DIXON MEMORIAL SCHOLARSHIP APPLICATION FORM

Date: _____

A. PERSONAL INFORMATION

1. Full Name: _____ Date of Birth: _____

2. Email Address: _____ Phone: _____

3. Current Address:

Street Address City State Zip Code

4. Permanent Address:

Street Address City State Zip Code

5. Marital Status: Single Engaged Married Widowed Divorced

6. Dependents (Include name, age, relationship) _____

B. EDUCATION & CAREER GOALS

7. What is your occupational goal? _____

8. Which school will you attend this fall? _____

9. What is your expected college graduation date? _____

10. In what course of study will you be enrolled and at what academic level?

11. Have you done post-high school study in a field other than the one indicated above? _____
If so, in what field and how do you explain your change of interest?

C. ACADEMICS & HONORS

12. List in chronological order all schools attended beyond elementary school (with addresses) and degrees earned. _____

13. List honors, academic or otherwise, received and when: _____

D. EXTRACURRICULAR ACTIVITIES

14. Describe your involvement in health or science-related fields or activities, either for recreation, as a volunteer, or as an employee. _____

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

(Employer)	(Type of Work)	(Wage)	(Full or Part-time)
(Employer)	(Type of Work)	(Wage)	(Full or Part-time)
(Employer)	(Type of Work)	(Wage)	(Full or Part-time)

16. If you are not now in school, how have you been occupied since leaving school? _____

E. FINANCIAL INFORMATION (CONFIDENTIAL)

17. If you or your family completed the Free Application for Federal Student Aid (FAFSA), what was your family's estimated contribution toward your education? _____

18. If you or your family did not complete the FAFSA, please indicate your family's approximate gross income. _____

19. Family

a. Father's Name: _____

Place of employment: _____

Company

Address

Occupation: _____

b. Mother's Name: _____

Place of employment: _____

Company

Address

Occupation: _____

c. Ages of siblings: _____

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

20. Spouse's Name (if married): _____

Place of employment: _____

Company

Address

Occupation: _____

21. Who is the primary financial contributor to your support? _____

22. Do you personally contribute to the support of any other person(s) or have other financial obligations? If yes, please explain. _____

23. Financial need will be one of the criteria used by the selection committee. Since competition for scholarships may be great, it is to your advantage to clarify the need for financial assistance as completely as you see fit. In the space below, explain your present financial position.

F. PERSONAL ESSAY

24. Write a brief personal essay (use separate pages) to address the following:
- What are your reasons for wishing to study in the professional field you have chosen?
 - What particular qualifications do you feel you have for the occupation you have chosen?
 - When did you decide on this field?
 - What were some of the factors (circumstances or individuals) that led to your decision?
 - What opportunities have you had so far to observe the practice of this profession?
 - What do you know about the training required, job opportunities, salary expectations in this field?
25. Have you included the following documents with your application? (Please check off.)
- two letters of reference, one personal and one from a teacher or guidance counselor,**
 - proof of acceptance (if not currently enrolled) from an educational institution,**
 - official high school and/or official college transcript,**
 - available aptitude and achievement tests, and**
 - brief personal essay**

26. Please review and sign the following Statement of Applicant:

If I am awarded a scholarship, it is my intention to complete the educational program outlined and to serve as a member of the profession for which I am prepared. I also agree to inform the Scholarship Committee Chairperson immediately if I am no longer interested in preparing myself for the profession indicated or if I am no longer a full-time student (minimum of 12 hours completed per semester). I understand that I will not receive the scholarship monies if I change my major, drop below 12 hours in a given semester, or fail to maintain a cumulative GPA of 3.6 on a 5 point scale or a 2.6 on a 4 point scale. I understand that an unofficial copy of my first semester grades and a copy of my class schedule for second semester must be received by the committee to verify my compliance with the terms of the scholarship before the second semester check is issued. I also understand that an official transcript must be submitted at the end of each academic year.

I understand that future scholarship monies are contingent upon funds received as memorials and donations may vary from one semester to another. I agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Scholarship Committee.

Date

Signature of Applicant

Signature of Parent/Guardian if applicant is a minor