

CGH Health Foundation Nursing and Healthcare Scholarships

NURSING SCHOLARSHIPS

SCHOLARSHIP: CGH Health Foundation Nursing Scholarship

SPONSOR: CGH Health Foundation

April 30 Deadline

AWARD: \$3,000 for up to 4 years

The CGH Health Foundation Nursing Scholarship was created in 2002 by the CGH Health Foundation to assist qualified individuals in pursuing a professional nursing career. The scholarship is based on financial need and can only be applied towards tuition and fees. Scholars may receive up to four (4) annual scholarships. Full- and part-time students enrolled in an accredited program for Registered Nursing may apply.

SCHOLARSHIP: Ron Smeltzer Nursing Scholarship

SPONSOR: Smeltzer family and CGH Medical Center

April 30 Deadline

AWARD: \$1,500 for one year

The Ron L. Smeltzer Nursing Scholarship was created in 2007 by his family following his unexpected death. Ron was the chairman of the CGH Medical Center Board and a member for 29 years. He was also one of the founding fathers of the CGH Health Foundation, for which he served as a trustee for 20 years. The scholarship will assist qualified individuals in pursuing a professional nursing career. The scholarship is based on financial need and merit. Full- and part-time students enrolled in an accredited program for Registered Nursing may apply. This is a one-time only scholarship.

SCHOLARSHIP: Edgar and Florence Hall Nursing Scholarship

SPONSOR: Maxine Hall

April 30 Deadline

AWARD: \$1,000 for one year

The Edgar and Florence Hall Nursing Scholarship was created in 2007 by their daughter, Maxine Hall, in their honor. Miss Hall, long-time Sterling teacher and supporter of continuing education, believes that a nursing scholarship in the memory of her parents would be of significant value to area students. The scholarship is for a Registered Nursing candidate only and is based on merit as well as financial need. Funds will be applied towards tuition and fees. Full- and part-time students may apply.

HEALTHCARE SCHOLARSHIPS (includes nursing)

SCHOLARSHIP: Marrietta Lilly Healthcare Scholarship

SPONSOR: Marrietta Lilly Family

April 30 Deadline

AWARD: \$1,000 for one year

The Marrietta Lilly Healthcare Scholarship was created in 2006 by her family in grateful appreciation for the care received at CGH Medical Center prior to her death. Marrietta "Mary", who dedicated her life to being a mom and wife, was known for her wonderful sense of humor and her cooking. Her family was so impressed with CGH staff that they wish to honor this excellence by assisting local individuals in pursuing a career in healthcare. The scholarship is based on financial need. Full- and part-time students may apply.

SCHOLARSHIP: Sterling Rock Falls Community Trust Healthcare Scholarship

SPONSOR: Sterling Rock Falls Community Trust

April 1 Deadline

AWARD: Two \$3,000 scholarships for one year

The Sterling Rock Falls Community Trust Healthcare Scholarship was created in 2004 in partnership with the CGH Health Foundation to assist qualified individuals in pursuing nursing or healthcare careers. Full- and part-time students may apply. One of the goals of the Trust is to provide educational scholarships for new and previous high school graduates from the Sterling-Rock Falls area. A 7-person board oversees the good works of the Trust, which has been in existence since 1968.

**CGH Health Foundation
Nursing and Healthcare Scholarships
APPLICATION CRITERIA**

The CGH Health Foundation sponsors five scholarships. All are due April 30, except the Sterling Rock Falls Community Trust Healthcare Scholarship which is due April 1. The following application will be used to apply for all of them at one time:

- \$3,000 Foundation Nursing Scholarship
- \$1,500 Ron Smeltzer Nursing Scholarship
- \$1,000 Edgar and Florence Hall Nursing Scholarship
- \$1,000 Marietta Lilly Healthcare Scholarship
- \$3,000 Sterling/Rock Falls Community Trust Healthcare Scholarship

Eligibility Requirements

- ✓ Resides in CGH Medical Center service area (includes Whiteside, Lee, Carroll, Ogle, and Bureau counties)
- ✓ Proof of acceptance in accredited nursing program (ADN, BSN, MSN)

OR

- ✓ Proof of acceptance in accredited healthcare program (such as physical therapy, speech pathology, pharmacy, emergency medical technician, radiology technology, dietitian, for example)
DOES NOT INCLUDE pre-med, pre-physical therapy and other type designations
- ✓ Demonstration of financial need
- ✓ Minimum 3.0 grade point average on a 4.0 scale overall or equivalent

Please print or type

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Student cell phone: _____ Student email: _____

High school attended _____

Social Security Number: _____

NOTE: Your social security number is used as an identifier and will remain confidential.

Student's Status

First-time applicant Renewal applicant _____ Expected credits per semester

List cumulative grade point average _____

Name of the school accepted at: _____

School Address: _____

City: _____ State: _____ Zip: _____

Expected graduation date from your healthcare program: _____ (mo)/ _____ (yr)

Please indicate degree sought: _____

Financial Information

Your primary source of support/income - **Please Check One:**

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

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

_____ You are self-supporting

Number of immediate family members currently enrolled in college besides yourself _____

Extenuating circumstances (family illness, loss of job, etc.) _____

Place of employment _____

Number of dependent persons in the family _____

Family's adjusted gross income (from page 1 of most recent income tax report filed) \$ _____

Please list any educational loans and/or scholarships you will receive:

PLEASE INCLUDE ALL OF THE FOLLOWING OR YOUR APPLICATION WILL BE DENIED

APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting

- A brief profile of yourself emphasizing occupational goals. (1 typewritten page maximum)
- Copy of grades (include ***unofficial*** record of grades, not notarized, see school counselor for assistance if needed)
- Copy of acceptance letter from school indicating program admitted to (must be fully accepted and not still taking general education requirements prior to starting professional program).
- Copy of ***first page only*** of personal income tax return.
- Two letters of recommendation.
- (1) Mail to: CGH Health Foundation, 100 E. LeFevre Road, Sterling, IL 61081 or (2) FAX to 815/622-0473 **by APRIL 30 of each year.**
- DO NOT SUBMIT** until all boxes above have been checked.

PERTINENT INFORMATION FOR AWARDEES:

1. Monies will be disbursed directly to the college/university in two installments (at the beginning of each semester).
2. Scholarship recipients are required to submit a copy of proof of registration for the fall semester or quarter before the first disbursement will be made.
3. Scholarship recipients are required to submit a copy of first semester grades, showing proof of maintaining a minimum 3.0 GPA on a 4.0 GPA scale, in order for the second semester portion of the scholarship to be submitted to your school.
4. Scholarship recipients are required to submit a copy of the second semester class schedule to show proof of continuing registration in the program.
5. Unless a minimum GPA of 3.0 is attained the next semester, the scholarship will be forfeited and the monies for that semester repaid within 30 days of notice of failed probation.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** _____ Date: _____

**If applicant is under the age of 18

FOR FOUNDATION NURSING SCHOLARSHIP APPLICANT ONLY

The individual selected for the Foundation Nursing Scholarship must be willing to agree to work as a nurse at CGH Medical Center for the two years following graduation. Your signature below is your consent to work at CGH if selected for this scholarship. Recipients will be funded annually as long as a minimum 3.0 GPA is maintained.

Applicant agreement (Please read carefully before signing)

The information on this form is to the best of my knowledge complete and valid. If I am selected and accept the Foundation Nursing Scholarship I am obligated to practice as a nurse at CGH Medical Center, Sterling, IL, in any full-time available position for two years immediately upon graduation. If I fail to fulfill my obligation to complete the nursing program within a reasonable time period, drop out of the nursing program or fail to practice for the two-year period as a nurse at CGH Medical Center I will be required to refund all scholarship dollars received from the program.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** _____ Date: _____

**If applicant is under the age of 18