



The way you *should* be treated.

Silver Cross Healthy Community Commission 2019-2020 Healthcare Scholarship Application

Statement of Purpose

The purpose of the scholarships is to provide financial assistance to those individuals pursuing a course of instruction for healthcare related careers.

Amount of Scholarship

The amount of the scholarship will be determined based on the academic program. Scholarships may be used for tuition, books, and school fees.

Deadlines

Completed application must be received by **April 30, 2019** to:

Deliver/Mail:

Leslie Newbon
Silver Cross Hospital,
1900 Silver Cross Blvd,
New Lenox, IL 60451

Email:

Lnewbon@silvercross.org

Criteria

Participants selected for scholarship funding must meet the following criteria:

- High school graduate or GED graduate
- Live within zip codes 60432, 60433, 60436 and Lockport District (#89) 60441
- Meet admission requirements to program of choice

Contact Information

Name

Street Address

City State ZIP

Primary Phone

Emergency Contact

Name and phone

E-Mail Address

Health Careers

Clinical Positions

- ♦ R.N.
- ♦ C.N.A.
- ♦ Sterile Processing Tech
- ♦ OB/OR Tech
- ♦ Respiratory Tech
- ♦ Clinical Dietician
- ♦ Mental Health Technician
- ♦ Medical Doctor

Imaging Technology

- ♦ CT
- ♦ MRI
- ♦ X-Ray
- ♦ Nuclear Medicine
- ♦ Mammography
- ♦ Ultra Sound

Laboratory

Phlebotomy

Medical Technologist

Medical Assistant

Pharmacy

- ♦ Pharmacy Tech
- ♦ Pharmacist

Radiation Therapy

Rehabilitation

- ♦ Occupational
- ♦ Physical
- ♦ Speech

Educational Information

List schools attended or training received. Provide name of school and dates attended.

High School or GED: _____
Trade or Vocational School: _____
College / University: _____
Military / **Other**: _____

Are you currently attending college or school? ☐ Yes ☐ No

Name of school you are currently attending.

General Information

Are you currently working? ☐ Yes ☐ No

Employer's Name _____

Have you previously applied for a Silver Cross Healthy Community Commission Scholarship? ☐ Yes ☐ No

Are you a recipient of a Silver Cross Healthy Community Commission Scholarship? ☐ Yes ☐ No

What is your course of study? _____

Requirements

- 3 letters of reference (from people not related to you who are familiar with your life experience and your character).
- A personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the selection committee in its evaluation.
- A letter of acceptance / admission from the school of your choice to indicate admission requirements are met.

Scholarship Application Process

- Applications must be completed and received by the deadline of **April 30** to be considered for a scholarship.
- Candidates will be notified if they are selected for an interview by **May 30**.
- After the interviews, applicants will receive a written notice advising whether they have been awarded a scholarship by **June 30**.
- Prior to check distribution each recipient must submit a class schedule.
- For questions, please contact Leslie Newbon, Manager of Community Outreach, Silver Cross Hospital, 815-300-1096 or lnewbon@silvercross.org.

Signature

Date