

HEALTH CAREER LOAN/GRANT & SCHOLARSHIP APPLICATION

I. Statement of Primary Purpose

To help provide qualified personnel to McDonough District Hospital.

II. Requirements for a New Applicant

- A. Acceptance into the professional curriculum of the chosen health field by an accredited school for health career training as evidenced by an official proof of acceptance from the school.
- B. A completed application including a description of applicant's background in health care and a narrative profile of the applicant, stressing factors relevant to the applicant's occupational choice and goals.
- C. An official high school and/or college transcript.
- D. Three letters of reference from teachers, counselors, employers, or supervisors.
- E. Filing of financial affidavit with Loan Committee **if** requested at a later time.
- F. Filing of the completed application should be made as soon as possible after acceptance by the accredited school and returned to MDH Human Resources Department **no later than June 1**. Incomplete applications will not be considered.

III. Factors to be Considered by Screening Committees

- A. Projected personnel needs of McDonough District Hospital.
- B. Likelihood that applicant will desire employment at McDonough District Hospital.
- C. Scholastic ability.
- D. Character.
- E. Financial need.
- F. Personal interview.
- G. Recommendations.

IV. Terms of Loan/Grant

- A. The loan/grant will be distributed in two equal installments, with the second installment made after the first-semester grades, progress report, and/or other pertinent information has been received by the Loan Committee.
- B. Arrangements for repayment of the loan must be made within 30 days after the student graduates, drops below ½ time, withdraws, resigns or is dismissed from the health career program.
- C. If upon graduation the student is employed by McDonough District Hospital, the student shall receive credit toward repayment of the loan/grant at the rate of \$1.00 per hour worked. The Internal Revenue Service considers the MDH loan/grant a forgiveness of debt, and therefore, taxable income. Income tax will be withheld in accordance with the amount forgiven on each paycheck for the MDH loan/grant. The Auxiliary loan/grant is not subject to federal income taxes per IRS code section 108(f).
- D. Should the graduate not be employed by McDonough District Hospital as a professional for which he/she received training on at least a part-time agreement basis, the MDH loan/grant becomes a loan which must be repaid with interest at the rate of 10% per annum in equal monthly installments over a period of not more than the number of months the student was enrolled in an eligible school and pursuing at least a half-time course of study. Interest may not apply to Auxiliary loan/grants.

V. ***Re-application for Former Recipients – A re-application form is available through MDH Human Resources Department.***

Please retain pages 1-3 for your files and only return the application (pages 4-7).

Information concerning the loan/grants and scholarships may be obtained by calling:

MDH Auxiliary/Volunteer Office
McDonough District Hospital
309-836-1579

Lois Ganyard, Chr.
MDH Auxiliary Health Careers Committee
309-837-1886

or

Human Resources Department
McDonough District Hospital
309-836-1577

Funding Opportunities for Health Careers

MDH & AUXILIARY HEALTH CAREER LOAN/GRANT PROGRAM

McDonough District Hospital and the Auxiliary to MDH both provide funds for education to qualified persons who are interested in pursuing a career in health care. Loans/grants and scholarships for education in health careers are available to MDH employees, families, and interested community members meeting application criteria.

Upon graduation if the student is employed at MDH, a credit of \$1 per hour worked in the clinical field will be granted to repay the loan/grant. If the student does not work at MDH after graduation, the funds previously granted will be treated as a loan.

RUBY TEEL HEALTH CAREER SCHOLARSHIP

The Ruby Teel Health Career Scholarship Program was established in 2001 in honor of Ruby Teel. Each year, one scholarship will be awarded. The amount is determined by the interest earned from the prior year on the initial gift of \$10,000. Any individual interested in pursuing a career in healthcare is qualified to apply for this scholarship.

GAYLE AND RON PETERSON NURSING SCHOLARSHIP

Established in 2007, the Gayle and Ron Peterson Nursing Scholarship is to be awarded to one student pursuing an RN degree. The scholarship is \$700 per year. Recipient may not be a nursing student pursuing advanced degrees such as a master's, nurse practitioner or CRNA.

OTHER SCHOLARSHIPS

As funds allow, additional scholarships may be awarded to applicants.

Information regarding all of these scholarships is available through the MDH Auxiliary/Volunteer Office at 309-833-4101, ext. 13462 or MDH Human Resources Department at 309-836-1577.

DOROTHY R. HANSON SCHOLARSHIP PROGRAM

This scholarship is intended to assist registered nurses residing or working in McDonough County in gaining a Bachelor or Master's degree from Western Illinois University. The scholarship covers the cost of tuition (not fees) for registered nurses pursuing ongoing career education at WIU. The recipient is required to initially pay the tuition, and is reimbursed after final grades are issued at the completion of each semester. Only grades of "C" or higher (or satisfactory) are reimbursed.

This scholarship is available through Western Illinois University. Information on this scholarship program is available through the MDH Human Resources Department at 309-836-1577 or by contacting Western Illinois University, Dept of Community Health and Health Services Management.

TUITION REIMBURSEMENT FOR MDH EMPLOYEES ONLY

Any employee who has completed six months of employment at MDH may apply for tuition reimbursement. The course content must be directly related to the enhancement of the employee's present job, or related to a position staffed at MDH that the employee plans to pursue. Approval of the class must be made prior to the start of the class. Employees are reimbursed for the tuition upon completion of the course. Only grades of "B" or better will be reimbursed. An annual tuition dollar limit is placed on employees using tuition reimbursement. Additional information and applications for tuition reimbursement is available through the MDH Human Resources Department.

HEALTH CAREER LOAN/GRANT & SCHOLARSHIP APPLICATION

All applications need returned **no later than June 1** to: MDH Human Resources
 525 E. Grant St.
 Macomb, IL 61455
 309-836-1577

I am interested in applying for the following funds. (Please mark all that apply):

Auxiliary Loan/Grant Ruby Teel Scholarship
 MDH Loan/Grant Additional Scholarships

PERSONAL INFORMATION: (Please print or type)

Name		Birthdate:	
Current Address			
Telephone		MDH Ext.	
Permanent Address (if different)			
Telephone			

EDUCATION INFORMATION: (Please print or type)

Previous Education	
High School Name	
Year of Graduation	
Previous College Attended	
Number of Years Completed	
Was a Degree Earned	
Type of Degree Obtained (if applicable)	
Year of Graduation (if applicable)	
Current Education	
School Name	
Address	
Expected Date of Enrollment	
Expected Date of Graduation	
Will you be full-time or part-time?	
If part-time, what else will you be doing while attending?	
Will you obtain a degree, diploma, or certification upon graduation?	
Type of Degree/Diploma/Certification	

EMPLOYMENT HISTORY: (Please print or type)

Employer	Job Title	Full-time or Part-time	Dates of Employment

Education-Related Expenses and Assistance (Annually):				
Expenses:		Other Financial Assistance Applied For:		
			Yes/No	Amount Received
Tuition and Fees	\$	IL State Scholarship		\$
Room Charges (if any)	\$	IL Guaranteed Student Loan		\$
Board Charges (if any)	\$	PELL Grant		\$
Books & Supplies	\$	Other (Specify):		\$
Transportation (if needed)	\$			\$
Other	\$			\$
	\$			\$
TOTAL	\$	TOTAL		\$

I do affirm that the above information is true and correct to the best of my knowledge. I firmly plan to complete my intended course of study. I am submitting this application for the purpose of obtaining a Health Career Loan/Grant or scholarship and authorize the release of information concerning any statements made herein.

Signature of Applicant: _____ Date: _____

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