

HEALTH CAREER SCHOLARSHIP APPLICATION

Pertaining to scholarships offered by McDonough District Hospital and MDH Foundation.

I. Statement of Primary Purpose

To help provide qualified personnel to McDonough District Hospital.

II. Requirements for a New Applicant

- A. Letter of acceptance into the professional curriculum of an accredited health career program. (General education requirements are not considered part of a “professional curriculum”.)
- B. A completed application form, including a description of the 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. The completed application with all the required support documents must be received by MDH Foundation **no later than June 5**. Incomplete applications will not be considered.

III. Factors to be Considered by Screening Committee

- 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. Letters of reference.

Please retain pages 1-2 for your files and only return the application (pages 3-5).

All applications must be returned **no later than June 5** to:

***MDH Foundation, Attn: Scholarships
525 E. Grant Street
Macomb, IL 61455***

Information concerning the scholarships may be obtained by calling:

Foundation
McDonough District Hospital
309-836-1757

CAROLYN J. BAUMANN NURSING SCHOLARSHIP

Established in 2014 in honor of Carolyn J. Baumann, RN. One \$500 scholarship will be awarded annually to an applicant pursuing a BSN at Western Illinois University. The student must be a junior or senior and reside in McDonough or Hancock County.

GABBERT NURSING SCHOLARSHIP

Established in 2004 by Larry K. and Joyce E. Gabbert to provide one or more nursing scholarships at \$500.00 each per year. The scholarship/s may not be used for a nursing student pursuing advanced degrees such as nurse practitioner or CRNA. Rather, the fund should be used for pursuing a CNA, LPN, or RN.

GAYLE AND RON PETERSON NURSING SCHOLARSHIP

Established in 2007, The Gayle and Ron Peterson Nursing Scholarship is to be awarded to a student pursuing an RN degree. The scholarship is \$1,000 per year. Recipients may not be a nursing student pursuing an advanced degree such as a master's, nurse practitioner, or CRNA.

DR. GEORGE ROODHOUSE HEALTH CAREER SCHOLARSHIP

Established in 2020 in honor of Dr. Roodhouse, one \$500 scholarship is to be awarded annually (if funds allow) to a student pursuing a degree in healthcare.

MAXINE SIMERAL SCHOLARSHIP

Established in 2010 by the Verna Maxine Simeral Trust. Each year, one \$1000 scholarship will be awarded to applicant pursuing a health career, not limited to nursing.

DONNA M. TWOMEY NURSING SCHOLARSHIP

Established in 2011 by Dr. Patrick M. and Donna Twomey to provide one nursing scholarship at \$500.00 each per year. The fund is used for nursing students pursuing education at any level (ADN and BSN). The donor requests that the funds will not be used for a nursing student pursuing advanced degrees such as MSN, Nurse Practitioner or CRNA.

WINONA WINTER SCHOLARSHIP

Winona Winter Scholarship is a \$5000 one-time award for any student going into nursing--LPN, RN, BSN, MSN, or Nurse Practitioner.

HEALTH CAREER SCHOLARSHIP APPLICATION

All applications must be returned **no later than June 5** to:

**MDH Foundation, Attn: Scholarships
525 E. Grant St. Macomb, IL 61455**

PERSONAL INFORMATION: (Please print or type)

Name			
Current Address			
Telephone #		MDH Ext.	
Permanent Address (if different)			
Telephone #			
Email Address			
How did you learn of our scholarship program?			

EDUCATION INFORMATION: (Please print or type)

Previous Education	
High School Name	
Year of Graduation	
Previous College Attended	
Number of Years Completed	
Type of Degree Obtained (if applicable)	
Current Education	
School Name	
Address	
Expected Date of Enrollment	
Expected Date of Graduation	
Will you attend full-time or part-time?	
If part-time, what else will you be doing while attending?	
Type of Degree/Diploma/Certification to be obtained:	

EMPLOYMENT HISTORY: (Please print or type)

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

VOLUNTEER EXPERIENCE: (Please print or type)

Organization	Duties	Dates

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	\$	Employer Tuition Reimbursement:		\$
Transportation (if needed)	\$	Other (Specify):		\$
Other	\$			\$
	\$			\$
TOTAL (Annually)	\$	TOTAL (Annually)		\$

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 scholarship and authorize the release of information concerning any statements made herein. I understand that incomplete applications **will not be considered** and that all supporting documentation should be included with the application and submitted prior to the deadline.

Signature of Applicant: _____ **Date:** _____

Have you included the following documents with your completed application form?

- ___ Letter of Acceptance into Health Career Program
- ___ *Official* high school and/or college transcript.
- ___ Three letters of reference.
- ___ Please review your entire application to ensure completeness and accuracy

