



**ST. MARY  
MEDICAL CENTER Auxiliary Scholarship Program**

OSF St. Mary Medical Center Auxiliary is pleased to be able to grant scholarships to students who plan to undertake or to continue studies leading to competency in a health field. Applicants who best fulfill the requirements and whose financial needs are not fully met by other sources are considered candidates for scholarships.

**General Guidelines:**

1. Scholarship grants shall be made for one year. If a student makes satisfactory progress, he or she may apply for a second year, a third and a fourth to the total amount of \$2,000.00. All applications shall be judged on an equal basis.
2. Amounts of yearly grants vary according to the needs of the students and money available. Grant monies are made payable directly to the educational institution which the student will be or is attending.
3. In the event a recipient, for any reason, does not continue his or her course of study throughout the year, the institution attended will be requested to refund the unused portion of the grant to the Auxiliary and the recipient will be requested to make arrangements to re-pay amount expended.
4. Scholarship funds apply to tuition only and are usually granted on the basis of need.
5. Recipients should work at OSF St. Mary's in the event there is a position available in their field when studies are completed or return funds received to the Auxiliary.
6. Applications should be received by May 1st of each year with grants made for the Fall semester.
7. All information about the applicant received by the Auxiliary shall be considered confidential.

**General Requirements For Granting Awards:**

1. Be a resident of the geographic area served by OSF St. Mary Medical Center.
2. A transcript of grades from the last school attended including subjects taken, grades received, and necessary test scores.
3. Applicant must submit two letters of recommendation from two teachers and/or counselors of the last school attended. If there has been a lapse of time in this case, please furnish the above information from individuals familiar with the applicant's work.
4. Be available for an interview with members of the OSF St. Mary Medical Center Auxiliary Scholarship Committee.
5. Have financial need.
6. Have the personal characteristics needed to work well in his or her chosen field.

**Requirements:**

1. Complete OSF St. Mary Medical Center Auxiliary scholarship application.
2. A transcript of grades from the last school attended including subjects taken, grades received, and necessary test scores.
3. Applicant must submit two letters of recommendation from two teachers and /or counselors of the last school attended. If there has been a lapse of time in this case, please furnish the above information from individuals familiar with the applicant's work.
4. Be available for an interview with members of the OSF St. Mary Medical Center Auxiliary Scholarship Committee.



**ST. MARY  
MEDICAL CENTER Auxiliary Scholarship Application**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone \_\_\_\_\_

**Dependents (Name, age, relationship)**

\_\_\_\_\_  
\_\_\_\_\_

What is your occupational goal? \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Have you been accepted as yet? \_\_\_\_\_ 12. Date school begins \_\_\_\_\_

Do you plan to attend school full or part time? \_\_\_\_\_

Current grade point average \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Residence Plans: Dorm \_\_\_\_\_ Home \_\_\_\_\_ Other(specify) \_\_\_\_\_

What is your course of study and at what level? \_\_\_\_\_

\_\_\_\_\_

List in chronological order all schools attended beyond eighth grade (with addresses) and degrees or diplomas obtained. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what health or science-related fields or activities have you been involved? \_\_\_\_\_

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List the last three jobs you have held (dates, employer, and type of work) and indicate whether they were full or part time. \_\_\_\_\_

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Do you intend to work during school? \_\_\_\_\_ If so, where and how many hours? \_\_\_\_\_

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If you are not now in school, how have you been occupied since leaving school? \_\_\_\_\_

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Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_

List name and age of brothers/sisters and the schools they are attending \_\_\_\_\_

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List References (Name, address, phone number, position):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Return To: OSF St. Mary Medical Center Auxiliary  
3333 N. Seminary Street  
Galesburg, IL 61401

Date \_\_\_\_\_