

Kishwaukee Community Hospital Auxiliary
2009 Scholarship Application
Instructions and Policies

Please read all instructions carefully before completing your application.

I. Eligibility for Scholarship

- A. Consideration is limited to persons who have an official letter of acceptance into a college level health-related program and intend to be a full-time student or to persons who are currently enrolled as a full time student in a health-related program at the college level. (Pre-med and pre-dental students should wait until they have an official letter of acceptance letter for professional school before applying.)
- B. Applicant's legal address must be in DeKalb County.

II. Scholarship Information

- A. Applications are available at www.kishhospital.org.
- B. A printed copy may be requested by contacting:
Paula von Ende,
One Kish Hospital Drive,
P.O. Box 707, DeKalb, IL 60115
pvonende@kishhospital.org.
- C. Scholarships are awarded on the basis of **demonstrated financial need, academic merit, and career goal.**
- D. Checks will be mailed directly to the recipient's school. (The school to be attended need not be an Illinois institution.)
- D. If a recipient drops out of school or changes their major to a non health program, funds must be returned commensurate with the school year remaining. Contact Paula von Ende for more information on the refunding process.
- D. Continuing recipients may reapply annually for scholarships.
- E. Official proof of acceptance to a school of higher education must accompany this application or an official college transcript which indicates the applicant's major.
- F. Applicants will be notified by June 1, 2009 on the status of their application.

III. The Completed Application Must Include

- A. The application
- B. Official letter of acceptance from your educational institution or applicant's major on the transcript.
- C. Two letters of reference for first time applicants.
- D. First time applicants should submit a written statement, stressing factors relevant to your career goals and qualifications. Limit to one typewritten page.
- E. All of the above documents MUST be sent in one envelope.
- F. Official transcripts from **all** academic institutions (high school and college). These may be mailed directly to the hospital. High school transcripts are required only if you graduated within the last ten years. If you are a prior recipient, it is necessary to only update your records with your most recent transcripts.
- G. Applications must be postmarked by May 1, 2009 and mailed to:

Kish Hospital Auxiliary Scholarship Chair
c/o Paula von Ende
One Kish Hospital Drive
P.O. Box 707
DeKalb, IL 60115

Kishwaukee Community Hospital Auxiliary
2009 Scholarship Application

Personal Information

Full Name _____

Permanent Address

Street _____

City _____ Zip _____

Telephone _____ Social Security Number _____

Educational Information

Professional Goal _____

Name of your health-related program _____

Expected academic level as of September 2009 _____

College or university you will be attending _____

Grade Point Average _____ Expected graduation date _____

Applicant's educational history, including high school, if you graduated within the last 10 years:

School	Location	Degree	Year Graduated	Degree Received
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Honors and Awards Received

Employment History (Include employer and dates of employment.)

Volunteer Service (Include agency and dates of service)

Resources and Anticipated Expenses for the 2009-2010 Academic Year

Resources		Expenses	
Applicant		Tuition & Fees	
Spouse		Room/Board	
Relative's Contribution		Books & Supplies	
Savings		Personal	
Loans			
Other			
Scholarships, grants		Other	
Total		Total	

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain in a written statement. (Example: Current loans—amount and when due.)

Consent for Release of Information

“I hereby consent to the release of any information by the Kishwaukee Community Hospital Auxiliary Scholarship Committee that may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Kishwaukee Community Hospital Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose. I also consent to have my name and picture used for publicity purposes in the event that I receive a scholarship.”

Signature of Applicant _____ Date _____

Applications must be postmarked by May 1, 2009 and sent to:

Kish Hospital Auxiliary Scholarship Chair
 c/o Paula von Ende
 One Kish Hospital Drive
 PO Box 707
 DeKalb, IL 60115

Direct all questions to Paula von Ende, Director, Volunteer Services at 815.756.1521 ext. 153372 or pvonende@kishhospital.org.