



The way you *should* be treated.

# Silver Cross Healthy Community Commission 2020-2021 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, 2020**, 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](mailto:lnewbon@silvercross.org).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date