



**Gibson Area Hospital  
& Health Services**  
*GIBSON GETS IT*



**Scholarship Application**

**GIBSON AREA HOSPITAL AUXILIARY HEALTH CAREERS SCHOLARSHIPS  
JACOB SEXTON SCHOLARSHIP  
THE WILLIAM & VIOLA GARRETT SCHOLARSHIP  
GAH AUXILIARY GIFT SHOP SCHOLARSHIP  
THE VERNA BUCK SCHOLARSHIPS  
THE CEDF SCHOLARSHIP  
THE ED BEIN AND ANITA MEYER MEMORIAL SCHOLARSHIP**

Please print or type. All blanks must be completed. Use NA where not applicable.

**Personal Information**

1. Full Name \_\_\_\_\_

2. Present Address \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip Telephone

Permanent Address \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip Telephone

3. Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_

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

Dependents (age & relationship) \_\_\_\_\_

4. Cell phone number \_\_\_\_\_

5. E-mail address \_\_\_\_\_

Educational information

- 1a. What is your professional goal? \_\_\_\_\_
- b. What is your course of study? \_\_\_\_\_  
Present academic level? \_\_\_\_\_
- c. What is your cumulative grade point average? \_\_\_\_\_
- 2a. What school will you attend this fall? \_\_\_\_\_
- b. Full or part-time? \_\_\_\_\_
- c. Expected graduate date? \_\_\_\_\_
- d. If part-time, specifically what else will you be doing? \_\_\_\_\_  
\_\_\_\_\_

3. Residence plans: Dormitory\_\_\_\_ Home\_\_\_\_ Other\_\_\_\_\_ specify

4. List in chronological order all schools attended beyond elementary school, including addresses and degrees or diplomas granted.

Name	Address	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What honors (academic or otherwise) have you received and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupational Information

1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee?

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2. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

Employer	Duty	Dates
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3. If you are not currently in school, how have you been occupied since leaving school?

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Confidential Information

1a. Father's name \_\_\_\_\_

b. Place of employment \_\_\_\_\_  
Company Address

c. Occupation \_\_\_\_\_

2a. Mother's name \_\_\_\_\_

b. Place of employment \_\_\_\_\_  
Company Address

c. Occupation \_\_\_\_\_

3a. Spouse's place of employment \_\_\_\_\_  
Company Address

b. Occupation \_\_\_\_\_

4a. Number & ages of siblings \_\_\_\_\_

b. How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

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

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

6. Below, list your resources and anticipated expenses for the coming school year. \_

RESOURCES (Estimated per academic year)		EXPENSES (per academic year)	
Parents	\$ _____	Tuition & Fees	\$ _____
Friends/relatives	_____	Room	_____
Personal savings	_____	Board	_____
Employment	_____	Books/supplies	_____
Loans	_____	Transportation	_____
Other (specify)	_____	Personal/other	_____
scholarships,	_____		
grants, etc.	_____		
1. Received	_____		
2. Applied for	_____		
TOTAL	\$ _____	TOTAL	\$ _____

Please Remember, the following is the list of items you will need to present in order to be considered for the GAH Auxiliary Scholarships.

1. Application form—5 pages
  2. Consent for release of information
  3. Signed scholarship agreement form
  4. High school or college transcript
  5. Proof of acceptance in an educational institution (if including a college transcript, you may skip this step)
  6. A short profile. This is a few paragraphs (no more than 1 page) stating why you are interested in your field of study, how you became interested in health care, why you will succeed in your chosen career. Please tell us about yourself—this is not a resume.
  7. Two letters of reference—one personal and one from a teacher or counselor.
- Please make sure you include all of the above for your application to be considered.*

Send application and documents by March 10, 2024 to:  
Ann Young, Auxiliary Scholarship Chairperson  
13674 N. 4200 E. Road  
Gibson City, IL 60936  
Questions? E-mail [annmikeyoung@gmail.com](mailto:annmikeyoung@gmail.com)

Signature of Applicant \_\_\_\_\_

Date Completed \_\_\_\_\_

DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 10, 2024.  
NOTIFICATION TO SCHOLARSHIP RECIPIENTS WILL BE MADE PRIOR TO THE  
SPRING BANQUET.