



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



Scholarship Application

**GIBSON AREA HOSPITAL AUXILIARY HEALTH CAREERS SCHOLARSHIPS
ARTHUR AND ANE JENSEN NOLAND FAMILY SCHOLARSHIP
THE WILLIAM & VIOLA GARRETT SCHOLARSHIP
GAH AUXILIARY GIFT SHOP SCHOLARSHIP
THE VERA BUCK SCHOLARSHIPS
THE CEDF 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?

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

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

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	\$ _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- 1) At least two letters of reference, selected from teacher, counselor, employer, supervisor or clergy. Have letters sent to: Susan Walker, Auxiliary Scholarship Chairman, 538 Hager Ct., Gibson City, IL 60936
- 2) Profile of yourself, stressing factors relevant to your occupational choice and goals. Qualifications you feel you have to pursue your education for your chosen profession. Limit to one typewritten page.
- 3) An official high school and/or college transcript. To be sent directly to Susan Walker.
- 4) Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.
- 5) A printed and signed copy of the Scholarship Agreement Form.

CONSENT FOR RELEASE OF INFORMATION: "I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Gibson Area Hospital Auxiliary Scholarship Committee may be of assistance in evaluating scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Gibson Area 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."

Signature of Applicant_____

Date Completed_____

DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 9, 2020.
NOTIFICATION TO SCHOLARSHIP RECIPIENTS WILL BE MADE PRIOR TO
APRIL 13, 2020.