



2015 Community College Healthcare Hero Award

The East Central Illinois Area Health Education Center is accepting applications for \$500 Community College Healthcare Hero awards for current community college students residing in the following counties: *Kankakee, Livingston, Ford, Iroquois, Champaign, Vermillion, Douglas, Edgar, Coles, Cumberland, and Clark.*

- Applicants must have already completed one semester at any Illinois community college
- Applicants must be planning to enroll full-time in a health science program at any Illinois community college for the 2015 Fall semester
- Applicants must have at least a 2.5 GPA

Applicants must submit:

- A completed **application** (attached)
- A **personal statement** (limit 2 pages) - Attach a written statement that provides a personal profile of yourself. Include your strengths and professional goals, and how they will contribute to your chosen profession. How will this award help you attain your goals?
- A **current resume** and **college transcript**
- A **letter of recommendation** (on organizational letterhead) from an academic advisor or instructor

Applications will not be considered if all documents are not received by the deadline. For questions regarding this award, please contact Eileen Woolums at 217 – 784 – 4093, or email at Eileen_Woolums@gibsonhospital.org.

Please send the completed application, statement, resume, transcript, & letter of recommendation to:

Gibson Area Hospital & Health Services
Eileen Woolums, East Central IL AHEC Director
1120 N Melvin
Gibson City, IL 60936

Deadline for submitting application and all required documents is 5 PM on June 12th, 2015.



2015 Community College Healthcare Hero Award Application

Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ County: _____

Address While Attending School: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

High School Name, Location, Graduation Date: _____

College you are/will be attending _____

Declared major: _____

Year/Semester in health career program: _____ Date of anticipated degree: _____

Degrees Already Earned: _____

Honors/Awards received and the year you received them: _____

Volunteer activities in past 2 years: _____

Clubs/Organizations you currently belong to: _____

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**EMPLOYMENT HISTORY:**

1. Name of Employer: _____
Address: _____ Phone: _____
Job Title: _____ Hours per week: _____
Hire Date: _____ End Date: _____

2. Name of Employer: _____
Address: _____ Phone: _____
Job Title: _____ Hours per week: _____
Hire Date: _____ End Date: _____

3. Name of Employer: _____
Address: _____ Phone: _____
Job Title: _____ Hours per week: _____
Hire Date: _____ End Date: _____

CONSENT FOR RELEASE OF INFORMATION:

I, authorize release of any information that can be of assistance to the Area Health Education Center (AHEC) in evaluation of my Community College Healthcare Hero application. I waive any confidentiality with respect to such information insofar as AHEC is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for the Community College Healthcare Hero Award and for no other purpose. I also consent to have any written communication, beyond this application, but related to the award, published on the website and Facebook pages. I also consent to allow my picture to be published on the website and Facebook pages.

APPLICANT SIGNATURE _____ **DATE :** _____

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