



REQUIREMENTS FOR THE IMH AUXILIARY ALLIED HEALTH FIELD SCHOLARSHIP

Requirements for Eligibility

1. The award will be a one-year scholarship to students who reside within the IMH service area and can provide documentation that they have been accepted into an accredited Allied Health Program.
2. Allied Health Programs include a wide-range of professions including, but not limited to: Doctor of Medicine, Registered or Licensed Practical Nurse, Physical, Occupational or Speech Therapist, Pharmacist, Athletic Trainer, and Laboratory or X-ray Technician.
3. Consideration will also be given to students who are currently enrolled in an Allied Health Program and are in good standing with their college or university and are earning passing grades.
4. **Students are NOT eligible if they have only been accepted into a "general studies program" or in a "pre-curriculum".** Examples NOT eligible include but are not limited to: "Pre-Medicine, "Pre-Nursing" or "Pre-Physical Therapy." Once the student has been accepted into an accredited Allied Health Program, they will become eligible to apply.

Applicant's Responsibilities

In order to be considered for this scholarship, you must submit the following:

- If in High School–high school transcript and ACT/SAT scores or if in College–your most recent college transcript
- A letter of recommendation from the counselor at the school you are currently attending.
- Provide proof of acceptance into an approved healthcare program. **Acceptance to "general studies" or a "pre-curriculum" is NOT sufficient.**
- A letter stating your reasons for pursuing this professional career and where you expect to practice in this profession after completing your professional schooling.
- Applicants who have already received a scholarship are eligible to reapply but must complete the application and submit a copy of their transcripts for the previous year in order to be considered.
- Applicants must fully complete the application form to be considered for a scholarship.
- Completed applications are to be returned by **April 30, 2024**, to the: **IMH Auxiliary Scholarship Committee, Iroquois Memorial Hospital, 200 E. Fairman Ave., Watseka, IL 60970 or emailed to Bonita Schroeder at schroeder630@sbcglobal.net.**
- If you are awarded a scholarship, the amount will be paid when you provide proof that you have passed the semester with grades of "C" or better. If you fail to provide this, the scholarship will not be awarded.
- If you receive a scholarship award from the IMH Auxiliary and you subsequently drop out of the allied health field or withdraw from school (*for other than health reasons*) the scholarship will become a loan and the money is to be returned to the IMH Auxiliary.

Only those applicants who have been selected to receive a scholarship will be notified by mail.



IMH AUXILIARY
Allied Health Scholarship Application

Date Application Completed _____

Applicant's Full Name _____ Phone _____

Home Address _____

Date of Birth _____ Place of Birth _____ Email _____

High School Attended _____ Year of Graduation: _____ Transcript Attached YES NO

ACT or **SAT** Scores Attached YES NO College Transcript Attached YES NO N/A

Choice of College/University _____ Field of Study _____

Address of School _____

Entrance Application Filed: YES NO Accepted: YES NO

If already enrolled, what year is your expected graduation date? _____

Have you received financial aid before? _____ Date _____

What kind of financial aid? _____

Have you ever applied for an IMH Auxiliary Scholarship before? YES NO If yes, year _____

Have you ever received an IMH Auxiliary Scholarship? YES NO If yes, year _____

Please describe how you have demonstrated personal commitment to your field of study (example-volunteer work, job-shadowing, public speaking, mentoring younger students, etc).

List other work experiences _____

Hobbies and extra-curricular activities _____

1. Please tell us about your family

Father's Name	Occupation
Mother's Name	Occupation
Sibling's Name	Age & School being attended
Sibling's Name	Age & School being attended
Sibling's Name	Age & School being attended
Applicant's Spouse	Occupation
Applicant's Children	Age & School being attended

Are you or any of your family members a member of the IMH Auxiliary? YES NO

Are you or any of your family members an IMH employee? YES NO

2. List expected resources such as those from employment, loans, scholarships or grants:

Employment _____ Loans _____ Scholarships _____
Other _____

3. List expected expenses (per academic year):

Tuition and Fees _____ Room and Board _____
Books and Supplies _____ Transportation _____
Personal and other _____

Counselor/Advisor Recommendation (*Preferably from your current school, if possible*)

Applicant's Name

Please tell us about the above individual who is an applicant for an IMH Auxiliary Allied Health Scholarship:

Class Rank _____ Number in Class _____

Would you recommend this applicant for such a scholarship? YES NO
If yes, please give reasons other than financial need. If no, please explain.

Telephone number in case additional information is needed: _____

Advisor/Counselor Signature Professional Title Date