

Gibson Area Hospital  
Auxiliary Health Careers Scholarship;  
Arthur and Ane Jensen Noland  
Family Scholarship Fund Trust;  
The William & Viola Garrett Scholarship;  
The Cristina Medrano, M.D. / Verna Buck Scholarship;  
The Verna Buck Scholarships;  
The CEDF Scholarship;  
The Auxiliary Gift Shop Scholarship.

SCHOLARSHIP APPLICATION

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 \_\_\_\_\_

Spouses 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, 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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	_____		
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____ AS</b>

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  
NOTIFICATION TO SCHOLARSHIP RECIPIENTS WILL BE MADE PRIOR TO APRIL 13.