

**CGH MEDICAL CENTER AUXILIARY  
HEALTHCARE SCHOLARSHIPS**

The CGH Medical Center Auxiliary awards annual \$1,000 scholarships to students, who are enrolled in health-related education programs, reside in the area served by CGH Medical Center and meet the criteria established by the Auxiliary. Scholarships are awarded based on the applicant's character, academic achievements, activities, financial need and community service. Academic achievement requires a minimum of 3.0 grade point average on a 4.0 scale overall or equivalent. Scholarship amounts are paid directly to the educational institution. The Scholarship Committee's definition of "health-related" **does not include:**

- Prerequisites or core curriculum necessary prior to acceptance into the specific health-related program.
- Degree specialties including pre-med, pre-pharmacy, physical therapy, audiology, speech therapy (and others) unless you have actually been admitted into the program which usually happens in these majors at the junior, senior or post graduate level of college.

**CGH AUXILIARY SCHOLARSHIP  
DUE on or before APRIL 1  
Please print or type**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student E-Mail: \_\_\_\_\_

High School Attended/Graduation Year: \_\_\_\_\_

**Student's Status**

List Cumulative Grade Point Average: \_\_\_\_\_

Name of the School Accepted at: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expected Graduation Date from your Healthcare Program: \_\_\_\_\_ (mo) \_\_\_\_\_ (yr)

Degree Sought: \_\_\_\_\_

**Financial Information**

Your primary source of support/income – **Please Check One**

**You must include a copy of the first page of the tax return on which you are claimed.**

\_\_\_\_\_ You are self-supporting (check this ONLY if not claimed on your parents' return)

\_\_\_\_\_ You and your spouse

\_\_\_\_\_ Your parents or legal guardian

\_\_\_\_\_ Other Relationship to yourself \_\_\_\_\_

Number of immediate family members currently enrolled in college besides yourself \_\_\_\_\_

Extenuating circumstances (family illness, loss of job, etc.) \_\_\_\_\_

Number of dependent persons in the family \_\_\_\_\_

Please list any educational loans, scholarships or tuition assistance from an employer you will receive.

---

---

---

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*If applicant is under the age of 18

**PLEASE READ CAREFULLY**  
**YOUR APPLICATION WILL NOT BE CONSIDERED**  
**IF ANY OF THE FOLLOWING ITEMS ARE MISSING**  
**NO EXCEPTIONS!**

**APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting**

Submit the following to **CGH Medical Center Auxiliary, Attn: Scholarship Committee, 100 East LeFevre, Sterling, IL 61081**. The packet must be postmarked **on or before April 1**.

- A brief profile of yourself including academic activities and achievements, volunteer services, employment and career goals. (4 to 5 paragraphs typewritten)
- Copy of grades (include **unofficial** record of grades, does not need to be notarized, see school counselor for assistance if needed)
- Copy of acceptance letter from school indicating program admitted to (**must be fully accepted and not still taking general education requirements prior to starting professional program**).
- Copy of **first page only** of a current personal income tax return. (Please “black out” all Social Security numbers before submission. The tax form will be shredded immediately after recipient selection.) If you are claimed by your parents/legal guardian we will only consider their tax return. If you are not claimed as a dependent by your parents/legal guardian, then submit your own tax return.
- Two letters of recommendation. These must be **dated, signed and written within the last 12 months by someone other than a relative**.
- DO NOT SUBMIT until all boxes above have been checked.

Questions can be directed to [debra.keaschall@cghmc.com](mailto:debra.keaschall@cghmc.com) or 815-625-0400 Ext. 5727.