



## **Hopedale Medical Foundation Seeking Nursing Scholarship Applications**

Hopedale Medical Foundation is currently accepting applications from current nursing students and high school seniors who have been accepted or are enrolling in nursing school.

Applicants will be required to be enrolled in a 2- or 4-year accredited nursing school located within 50 miles of HMC by **July 14, 2023**. Scholarships can be used for payment (or repayments) of tuition, room, board, books and supplies. Special consideration is given to HMC current and former employees, medical staff members and members of their immediate families so long as the candidate is not related by blood or marriage to any persons who are making recommendations on judging committee.

Applications are available online at [Rural Hospital Nursing Scholarship \(hopedalemc.com\)](http://hopedalemc.com).

**The application must be received by HMC Administration (Jill Alexander) on or before, Friday, July 14, 2023 at 4:00 pm.**

A \$15,000 Nursing Scholarship may be awarded each year for a maximum of 4 years (\$60,000 total). Recipients of a \$15,000 scholarship must commit to work as a full-time RN at the Hopedale Medical Complex (hospital or nursing home) for a minimum of 3 years after licensure. If applicant receives more than one \$15,000 scholarship, the period will be extended to 5 years following licensure. The scholarship becomes repayable to HMC if Illinois licensure is not obtained within 5 months of graduation or the applicant fails to work a minimum of 30 hours a week for the designated work period following licensure. Failure to fulfill these requirements will result in full scholarship repayment to HMC together with interest at the rate of 4.45%. Recipient also agrees to maintain a 3.0 GPA, complete C.N.A. certification class (paid by HMC), if not already certified, and work as a C.N.A. (as needed in the nursing home, hospital, or Commons) a minimum of 1 – 12 hour shift a week (average) while enrolled in the nursing program.

Applications are judged on the following:

GPA	Financial Need (OPTIONAL)
Class Standing	Applicant's Narrative
Community/Extra-curricular Involvement	Letter of recommendation (1 minimum)
Other Favorable Recommendations	

**Scholarship awards will be announced on or before July 30, 2023.**

Questions should be directed to Jill Alexander at (309) 449-4296.

## **2023 Hopedale Medical Foundation Nursing Scholarship Program Criteria**

### **ELIGIBILITY**

1. Applicants must be accepted or enrolled as a full-time student in either a 2-year or a four-year nursing program that offers a BSN or RN diploma on or before **July 14, 2023**. High school seniors or graduates (including home-schooled) qualify if they have applied or been accepted into nursing school.
2. Applicants are eligible for up to \$15,000 per year for a maximum of 4 years (\$60,000). See repayment provisions attached. Scholarship can be used for payment (or repayments) for tuition, room, board, books and supplies.
3. The College or University must be located within 50 miles of Hopedale, and it must be accredited or recognized as an approved nursing program.
4. Scholarships are paid direct over two semesters (1/2 per semester). Tuition, books, supplies, and room and board are eligible for reimbursement. Payments are made directly to the school upon proof of enrollment or in some cases to the student (after submitting proof of payment) or loan company directly if loans are outstanding.
5. Judges' immediate family members (those related by blood or marriage) are not eligible.
6. The scholarship will be awarded without regard to an individual's gender, race, religion, ethnic background, marital status, sexual orientation, or any other discriminatory purpose.
7. Special consideration will be given to those who demonstrate financial need—but this information is **optional** and not required.
8. Special consideration is given to HMC current and former employees, medical staff members and members of their immediate families so long as the candidate is not related by blood or marriage to any persons who are making recommendations on judging committee.

NOTE: You may make extra copies of this form if you need to. Thank you.

**CONFIDENTIAL – For Committee Use Only**  
**HOPEDALE MEDICAL FOUNDATION**  
**NURSING SCHOLARSHIP PROGRAM APPLICATION FORM**

Please print in black ink or type. All blanks must be completed.  
Use “NA” where data requested is not applicable to you.

**GENERAL INFORMATION**

Full Name: \_\_\_\_\_

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

(Street)

\_\_\_\_\_  
(City)

(County)

(Zip)

(Telephone)

Name of Parents \_\_\_\_\_

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

(if different from above) (Street)

\_\_\_\_\_  
(City)

(County)

(Zip)

(Telephone)

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you or an immediate family member currently work for Hopedale Medical Complex? \_\_\_\_\_

List family member name here: \_\_\_\_\_

I certify that all information in this application is accurate and that applicant is either already enrolled in nursing school or a high school senior who has applied or will be accepted into an accredited nursing school located within 50 miles of Hopedale on or before **July 14, 2023**. I understand, if granted a scholarship, I agree to work as a full-time (minimum 30 hours per week average) registered nurse at Hopedale Medical Complex (hospital or nursing home) for 3 years after I receive my first payment or licensure (whichever is later) if I am awarded a single \$15,000 scholarship and for 5 years from first payment or licensure (whichever is later) if I am awarded more than one \$15,000 scholarship. I understand that if I fail to meet the work requirements or pass the NCLEX exam and be licensed in Illinois within 5 months of graduation, the entire scholarship amounts paid to me by HMC will be refunded to HMC without pro-ration within 60 days of demand by HMC with interest at the rate of 4.45%. I further understand that if granted a scholarship that, if I am not already a certified C.N.A. in good standing, I will attend a C.N.A. certification program (paid for by HMC), and will be employed by HMC as a C.N.A. during nursing school and will work at least one 12 hour shift (average) a week (where needed in the nursing home, hospital, or Commons). I understand that I am required to maintain a 3.0 GPA or higher.

I authorize the release of all information in this application to the judging committee of the Hopedale Medical Foundation Scholarship Program. I authorize the release of background information and the photograph (optional) in this application to the press or other appropriate media in the event I am selected as one of the scholarship recipients.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**(If not 18, parent or guardian must sign for student)**

## EDUCATIONAL INFORMATION

What is your present academic level (class rank or standing if known)?

What is your present grade point average?

What was (or is) your latest high school grade point average?

What school will you attend this fall or are you attending currently? (If you have applied at more than one school, please indicate.)

Do you expect to be a full-time or part-time student and enrolled in a 2-year or 4-year nursing program on or before **July 14, 2023**?

If a part-time student, what else will you be doing?

When is your expected date of graduation, and what degree will you be obtaining (BSN, etc)?

Attach proof of ACT or SAT score and a copy of high school (if you are a **2023** graduate) or most recent college transcript (if you graduated high school before **2023**).

## CONSENT FOR RELEASE INFORMATION

I hereby consent to the release of any information that, in the judgment of the Scholarship Committee, may be of assistance in evaluating my scholarship application and for no other purpose. (This will **not** include a credit report or request for medical information.)

Signature of applicant \_\_\_\_\_

Signature of parent/guardian \* \_\_\_\_\_

Date signed \_\_\_\_\_

\*If student is not yet age 18.

## CONFIDENTIAL INFORMATION

**NOTE:** You do not need to complete this section if you do not want your application to be considered based on “financial need”. Proof of financial need is helpful but **not** mandatory to be awarded a scholarship. If you are a dependent of a mother or father, please complete.

Your father’s name: \_\_\_\_\_

His place of employment: \_\_\_\_\_  
(Company) (Address)

His occupation & approx. annual income: \_\_\_\_\_

Your mother’s name: \_\_\_\_\_

Her place of employment: \_\_\_\_\_  
(Company) (Address)

Her occupation & approx. annual income: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Ages of siblings: \_\_\_\_\_

Who is the primary contributor to your support? \_\_\_\_\_

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)

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OPTIONAL FINANCIAL CONSIDERATION

**RESOURCES and EXPENSES:** (Use only if applicant wants application considered based on financial need.)

ANNUAL

RESOURCES

Personal Savings: \_\_\_\_\_

Assistance:  
    from parents \_\_\_\_\_

    from others \_\_\_\_\_

Employment: \_\_\_\_\_

Loans: \_\_\_\_\_

Other Scholarships and Grants:

    1) received \_\_\_\_\_

    2) applied for \_\_\_\_\_

Other (Trusts, etc.): \_\_\_\_\_

TOTAL RESOURCES: \_\_\_\_\_

EXPENSES

Tuition and fees: \_\_\_\_\_

Room: \_\_\_\_\_

Board: \_\_\_\_\_

Books & supplies: \_\_\_\_\_

Transportation: \_\_\_\_\_

Personal: \_\_\_\_\_  
(clothes, laundry, medical, recreation, etc.)

Other costs: \_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_

DATED: \_\_\_\_\_

CHECKLIST: ITEMS NEEDED

- Completed Application
- A written profile about yourself (not over one typewritten page) relevant to your choice of occupation and your goals for your future. Please detail the qualifications you feel you have to pursue your education in this chosen profession.
- Copy of high school diploma and proof of grade point, or if in college, the last grade report.
- On or before **July 14, 2023**, submit official proof that you have been accepted by the educational institution you will be attending if you are a graduating high school Senior or, if you are a nursing college student, official proof that you are, or will be, attending classes full-time for that semester.
- Proof of ACT or SAT Score.
- One letter of reference.

**Return application and information requested above to:**

**HOPEDALE MEDICAL COMPLEX**

**Scholarship Program**

**Attn: Jill Alexander**

**PO Box 267**

**Hopedale, IL 61747**

(All information must be **received** at HMC no later than **Friday, July 14, 2023 @ 4:00 p.m.**)