



Hopedale Medical Complex
A tradition of excellence in healthcare

Hopedale Medical Foundation Seeking Scholarship Applications

Hopedale Medical Foundation is again accepting applications from high school seniors and college freshmen for its Spring 2021 Scholarship Awards. The Foundation has awarded over \$560,000 in scholarships to area students since 1980.

High School Seniors and College Freshmen, as well as private and home-schooled Seniors whose permanent residence has been within the following schools districts for a minimum of one year prior to application are eligible: Olympia, Tremont, Delavan, Hartsburg/Emden, Deer Creek/Mackinaw and Midwest Central. Applications are available online at www.hopedalemc.com or may be picked up at your high school counselors' office or at HMC Administration building located at 107 Tremont Street in Hopedale.

The application must be received by HMC Administration (Becky Powell) on or before Friday, March 26, 2021 at 4:00 pm.

The following scholarships will be awarded:

1. **\$3,000 Founder's (Healthcare) Scholarship.**
2. **\$1,000 Neil Alford, Jr. Agricultural Scholarship.**
3. **\$1,000 Phyllis Martin Nursing Scholarship.**
4. **\$1,000 Orville Augsburg/Dorene Oehler Scholarship.**
5. **\$1,000 David Eckhardt Scholarship.**
6. **\$2,000 John Rossi Memorial Nursing Scholarship (may be awarded separate from or in addition to above winners).**
7. **\$2,000 Donna Bitner Springer Nursing Scholarship (new)**

All students entering the healthcare or agricultural fields are eligible.

Applications are judged by an independent panel of judges who will review:

ACT/SAT Scores	Financial Need (OPTIONAL)
Class Standing	Counselor's Recommendation
Applicant's Narrative	Other Favorable Recommendations
	Community/Extra-curricular Involvement

Winners will be announced on or before April 16, 2021.

Questions should be directed to Becky Powell at (309) 449-4296.

Thank you very much for your time in applying for these scholarships!



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2021 Hopedale Medical Foundation Scholarship Program Criteria

ELIGIBILITY

1. Applicants must be accepted into or intending to be enrolled in either a 2-year or a four-year healthcare or farming college professional curriculum, or currently enrolled as a Freshman in college classes in preparation for a career within healthcare, nursing, or agricultural fields of study.
2. During the year in which the scholarship is awarded, the applicant must be a graduating Senior, private or home-schooled Senior from one of the following school districts **or** a college Freshman who attended one of these high schools: Olympia, Hartsburg-Emden, Delavan, Deer Creek-Mackinaw, Midwest Central, or Tremont. HMC employees and their immediate families may also be eligible for additional HMC scholarships if offered for that year.
3. The College or University to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program in the field of study.
4. Scholarships are awarded by our committee and paid in a lump sum at the beginning of the student's first term. Tuition, books, and room and board are eligible for reimbursement. Payments are made directly to the school upon proof of enrollment.
5. A candidate can win a scholarship only once. However, future or current nursing students are eligible to receive the John Rossi Memorial Scholarship in addition to any other scholarship which they might receive. This is in the discretion of the Committee.
6. All scholarships are 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.

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

CONFIDENTIAL – For Committee Use Only
HOPEDALE MEDICAL FOUNDATION
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: _____

Do you or an immediate family member currently work for Hopedale Medical Complex? _____
(Note: This may qualify you for an additional scholarship.)

I certify that all information in this application is accurate and that if granted a scholarship the student shall attend an accredited university, college, or technical school in accordance with the provision of the Hopedale Medical Foundation Scholarship Program.

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 in this application to the press or other appropriate media in the event I am selected as one of the scholarship recipients.

Signature of parent or guardian * _____ Date _____

Signature of student _____ Date _____

* If student is not yet age 18.

STUDENT INFORMATION

(To be completed by applicant)

Please attach a current high school transcript (unless home schooled).

When you have completed the applicant's portion of this form, please take it to your student counselor or the person designated to process scholarship applications for your school for their endorsement. When the counselor endorsement has been completed, the application, along with the additional items on the checklist (page 11), should either be dropped off at the HMC Administration building located at 107 Tremont Street in Hopedale (next to the Medical Arts Physicians building) or mailed to Hopedale Medical Complex, Attention: Becky Powell, Scholarship Program, P.O. Box 267, Hopedale, IL 61747. (You will be sent an acknowledgement within ten days, so call Becky at HMC at 449-4296 if you do not receive an acknowledgement.) **We suggest you make a copy for your records.**

DEADLINE IS 4:00 PM Friday, March 26, 2021

The questions appearing on this page have been developed to provide the judging panel additional information upon which they may select the recipients of this year's scholarships.

NOTE: You may attach up to one page additional for your response.

1. What other applications have you made for scholarship aid? Give details.

2. Please list any other scholarships that you have been awarded.

3. What career have you chosen and how do you plan to prepare to meet that goal? (If you are undecided, please explain possible careers.)

4. Why do you feel you are the best candidate for this award?

5. Is there any other information concerning yourself which you feel would be beneficial in judging this application? Please elaborate.
6. Work Experience (volunteer programs or as a paid employee).
7. School activities (athletics, clubs, programs, publications, student council, student officer, etc.).
8. Community activities (church, lodge, scouts, Y, etc.).
9. Recognition and Awards (any National, State, Local or School Awards).
10. Hobbies and special interests.

EDUCATIONAL INFORMATION

What is your professional goal (e.g. healthcare, agricultural)?

What will be your course of study (e.g. healthcare, agricultural)?

What is your present academic level?

What is your present grade point average?

What school will you attend this Fall (if known) or are you attending (if college freshman)?

Will you be a full-time or part-time student?

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

When is your expected date of graduation?

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 OPTIONAL FINANCIAL 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.

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)

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: _____

SCHOOL ENDORSEMENT

Unless home schooled, this section is to be completed by the student's high school counselor or college advisor. The **COMPLETION OF THIS SECTION IS REQUIRED** for this application to be processed. Please provide as much information as possible.

The information in this section and the attached transcript shall be considered **confidential information** and will be reviewed only by the judging committee of the Hopedale Medical Foundation Scholarship Program.

Student Name _____ School Name _____

School Address _____ Telephone _____

Graduation Date of Student _____ ACT Test Score _____ SAT Test Score _____

Other Applicable Tests and Scores _____

Class standing _____ in a class of _____ students.

In the following space (or attached page(s)) please provide information regarding this student's qualifications for a scholarship. You are encouraged to include personal observations, as well as factual material. **Your comments are important.** Be as specific as possible, and limit to one additional page.

Signature of school official _____ Title _____

Date _____

FINAL CHECKLIST:

- ☐ Completed Application
- ☐ At least one (1) letters of reference selected from a teacher, a counselor, employer, supervisor, or clergy.
- ☐ 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.
- ☐ An official high school or college transcript of your classes at your school (unless home schooled).

Return application and information requested above to:

HOPEDALE MEDICAL COMPLEX

Scholarship Program

Attn: Becky Powell

PO Box 267

Hopedale, IL 61747

(All information must be **received** at HMC no later than Friday March 26, 2021 @ 4:00 p.m. Be sure you obtain a receipt.)