



KSB High School Healthcare Scholarship Application

(Scholarship Deadline – March 15, 2020)

****APPLICATION MUST BE TYPED.****

All blanks must be completed. Use NA where not applicable. Please reference Scholarship Policy.

PERSONAL INFORMATION

1. What High School do you attend?
Please circle one.

- Amboy
- Ashton/Franklin Center
- Dixon
- Faith Christian
- Oregon
- Polo
- Sterling Newman

2. Full name _____

3. Present Address _____
Street

City ZIP Telephone

4. Permanent Address (if different) _____
Street

City ZIP Telephone

5. Hospital nearest your home _____
Name

EDUCATIONAL INFORMATION

1. What is your professional goal? _____

2. What program are you accepted for/enrolled in? _____

What school will you attend this fall? _____

Full or Part Time? _____

Cumulative High School grade point? _____

Expected graduation date _____

3. Residence plans: Dormitory Home
 Other (Specify) _____

4. What high school honors (academic or otherwise) have you received and when?

5. List other sources of financial assistance applied for and/or received, i.e. grants, scholarships. Renewable or otherwise.

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? (Please highlight any volunteer activities.)

- 1. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

EMPLOYER	DUTY	DATES

CONFIDENTIAL INFORMATION

- 1. 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)

- 2. Complete the following **IF** applicant is married.

- a. Applicants Spouse's name _____

- b. Place of employment _____

Company

Address

3. Complete the following **IF** claimed as a dependent by your parents.

a. Applicants Father's name _____

b. Place of employment _____
Company Address

c. Applicants Mother's name _____

d. Place of employment _____
Company Address

e. Number & ages of siblings _____

f. How many in school? _____ How many in college? _____

4. Below list anticipated expenses for the coming school year.

**EXPENSES
(Per Academic Year)**

Tuition & Fees _____

Room _____

Board _____

Books & Supplies _____

Transportation _____

Personal & other _____

TOTAL _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

1. THREE (3) RECOMMENDATIONS (**USING THE KSB SCHOLARSHIP RECOMMENDATION FORM**): i.e. TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY. RECOMMENDATION FORMS ARE SENT DIRECTLY TO:

Marjie Lundquist
Administration
KSB Hospital
403 East First Street
Dixon, IL 61021
Fax Number: (815) 285-5859
Email: mlundquist@ksbhospital.com

***TO ENSURE THAT YOUR COMPLETED RECOMMENDATION FORMS HAVE BEEN RECEIVED BY KSB HOSPITAL, PLEASE FEEL FREE TO CALL (815) 285-5515.**

2. PROFILE OF YOURSELF, STRESSING FACTORS RELEVANT TO YOUR OCCUPATIONAL CHOICE, GOALS AND MOTIVATION FOR APPLYING FOR THIS SCHOLARSHIP (FINANCIAL REASONS, POTENTIAL EMPLOYMENT OPPORTUNITIES, ETC.) QUALIFICATIONS YOU FEEL YOU HAVE TO PURSUE YOUR EDUCATION FOR YOUR CHOSEN PROFESSION, LIMIT TO ONE TYPEWRITTEN PAGE.
3. INCLUDE YOUR CURRENT HIGH SCHOOL TRANSCRIPT AND GRADES.

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 KSB Hospital be of assistance in evaluation of my scholarship application. I hereby waive any confidentiality with respect to such information insofar as KSB Hospital 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: _____

Where did you find out about this scholarship?

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> KSB Website | <input type="checkbox"/> The OC |
| <input type="checkbox"/> Other: _____ | |

All applicants will be notified during the month of April.

Please use this page for your essay. Profile of yourself, stressing factors relevant to your occupations choice, goals and motivation for applying for this scholarship (financial reasons, potential employment opportunities, etc.) Qualifications you feel you have to pursue your education for your chosen profession, limit to one typewritten page.