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.)

2. 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.

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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? _______________________

Facebook □ Newspaper □ KSB Website □ The OC □ 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.