



3. Permanent Address (if different) \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

**EDUCATIONAL INFORMATION**

- 1. What is your professional goal? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- a. What program are you accepted for/enrolled in? \_\_\_\_\_
- 2. What school are you attending or planning to attend? \_\_\_\_\_
- a. Full or part time? \_\_\_\_\_  
 If part time, why? \_\_\_\_\_
- b. Number of completed semesters? \_\_\_\_\_
- c. Cumulative grade point? \_\_\_\_\_
- d. If you are a High School student, what is your cumulative High School grade point? \_\_\_\_\_
- e. Expected graduation date \_\_\_\_\_
- 3. List in chronological order all schools attended beyond elementary school, city/state, and degrees or diplomas granted.

SCHOOL	CITY / STATE	DEGREE	DATES ATTENDED

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

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

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a. If you are a KSB employee, are you receiving KSB tuition assistance?  YES  NO

If so, how much? \_\_\_\_\_

**OCCUPATIONAL INFORMATION**

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. Are you claimed as a dependent by anyone else according to the IRS Regulations?  
 YES  NO **Complete only the information below that applies to your status.**

2. Do you have other financial obligations OR contribute to the support of any other person(s)?  
If so, explain. (Example: current loans – amount and when due)

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3. Spouse's place of employment (if applicable)

	Company	Address

a. Dependents (Age & Relationship)

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

a. Father's name

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b. Place of employment

	Company	Address

c. Mother's name

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d. Place of employment

	Company	Address

e. Number & ages of siblings

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f. How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

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Below list anticipated expenses for the coming school year.

**EXPENSES  
(Per Academic Year)**

Tuition & Fees	_____
Room	_____
Board	_____
Books & Supplies	_____
Transportation/Commute	_____
Personal & other	_____
<b>TOTAL</b>	_____

**PART OF YOUR APPLICATION, PLEASE SUBMIT:**

1. Three (3) forms of scholarship recommendation to be submitted (**using the Scholarship Recommendation Form**):
  - a. From an instructor or employer.
  - b. A personal reference from non-family member.
  - c. Reference of your choice

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](mailto: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. Official proof of acceptance from the educational institution you will attend.

### 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 is 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.