

GUIDELINES
for
DELNOR-COMMUNITY HOSPITAL AUXILIARY SCHOLARSHIP
and
OLIVIA SMART SCHOLARSHIP

Presented to graduating high school seniors who reside in or attend high school in the Delnor-Community Hospital primary service area and who intend to pursue a degree in the healthcare field.

APPLICATION DEADLINE: March 19, 2010

Dear Applicant:

The Auxiliary of Delnor-Community Hospital is pleased to offer scholarship aid to qualified students who have chosen to prepare for a career in the healthcare field. We ask that you read carefully the current guidelines and policies of our scholarship program before you complete the application. It is your responsibility to ensure that all requested documents are submitted by the application deadline as failure to do so will disqualify your application.

I. Eligibility

1. Applicant must reside in or attend high school in the **Delnor-Community Hospital primary service area** (Batavia, Elburn, Geneva, Kaneville, Wasco, LaFox or St. Charles area).
2. Applicant must be graduating from high school in 2010.
3. Applicant must have chosen and been accepted into a healthcare curriculum.
4. The school to be attended must be an accredited and approved program by appropriate agencies.

II. Facts Pertaining to Scholarship

1. Scholarships in the amount of \$1,000 each will be awarded in April based upon scholastic achievement, financial need and satisfaction of requirements listed in the application.
2. The proceeds of the scholarship are to be applied toward tuition, fees, room, board and books. A check from the Treasurer of the Auxiliary will be made payable upon receipt of verification of acceptance to the school designated and mailed to the scholarship recipient for forwarding.

Guidelines (continued)

3. All applications will be confidentially reviewed by a Scholarship Selection Committee. Selections will be made in April and the recipients will be notified by mail. The decision of the committee as to allocation of the scholarships shall be final.
4. Should a recipient of the award decide not to attend the designated school and/or pursue a degree in a healthcare field for any reason not approved by or deemed an emergency by the Scholarship Committee, THE AMOUNT OF MONEY AWARDED SHALL BE RETURNED TO THE SCHOLARSHIP FUND.

III. Applicant Responsibility

1. Applications must be completed and received by Linda Niemann in the Volunteer Services Department at Delnor-Community Hospital by March 19. Please note that **ALL** sections of the application must be completed and submitted along with an official high school transcript. Failure to complete any portion of the application will disqualify the application. It is the student's responsibility to ensure that all the required documents have been submitted to the Volunteer Services Department at Delnor-Community Hospital by the deadline date.
2. Should the applicant receive a scholarship, it will be his/her responsibility to submit a copy of the acceptance letter from the school he/she will be attending. This letter should be submitted to Linda Niemann, Volunteer Services Department at Delnor-Community Hospital.
3. All questions or correspondence should be addressed to Linda Niemann, Volunteer Services Department, Delnor-Community Hospital, 300 Randall Road, Geneva, Illinois 60134 (630 208-4265).

Sincerely,

Scholarship Committee Chairpersons
Sue Jensen, Diane Skidmore-Dailey
& Sharon Kettley
Delnor-Community Hospital Auxiliary

Social Security #: _____

THE AUXILIARY OF DELNOR-COMMUNITY HOSPITAL
APPLICATION FOR SCHOLARSHIP

Part I: To be completed by applicant.

Name of Applicant: _____ Age _____

Address: _____ Phone _____

High School Attending: _____

Graduation Date: _____

Career for which applicant is preparing: _____

School at which applicant plans to study: _____

Address: _____

Experience, if any, in fields related to proposed career (e.g. Nurse's Aide, etc.) _____

After-school or summer jobs held by applicant, if any:

Activities/Interests:

PLEASE ATTACH A BRIEF STATEMENT AS TO WHY THE APPLICANT WISHES TO PURSUE CAREER INDICATED.

Reference: List one person other than a relative to whom request for reference is made. Have person complete Personal Reference form (Part IV).

Name: _____

Address: _____

It is understood by the Applicant that granting of financial aid will be dependent upon his or her acceptance for admission by a school approved by the Awards Committee and further that should the recipient of the award decide not to attend the designated school and/or pursue a degree in a healthcare field for any reason not approved by or deemed an emergency by the Scholarship committee, the AMOUNT OF MONEY AWARDED SHALL BE RETURNED TO THE SCHOLARSHIP FUND.

Parent or Guardian
Part I: (Continued)

Applicant

THE AUXILIARY OF DELNOR-COMMUNITY HOSPITAL
APPLICATION FOR SCHOLARSHIP

Part II: **CONFIDENTIAL INFORMATION** - To be completed by parent and/or guardian.

Name of Applicant: _____

Parent or Guardian: _____

Address: _____

Name & Address of Employer: _____

Position Held: _____ Annual Salary: _____

Federal Income Tax Paid last year _____

If Spouse is employed, name and address of employer: _____

Position Held: _____ Annual Salary: _____

Federal Income Tax Paid last year _____ if filed separately from above.

List Dependents

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Brief statement of any facts concerning special financial problems relevant to need for scholarship aid:

**THE AUXILIARY OF DELNOR-COMMUNITY HOSPITAL
APPLICATION FOR SCHOLARSHIP AID**

Part III: To be completed by applicant and parent or guardian.

ESTIMATED EXPENSES OF APPLICANT FOR ACADEMIC YEAR 2010 TO 2011.

*Tuition \$ _____
Room and Board \$ _____
Books and Supplies \$ _____
Clothes. \$ _____
Transportation. \$ _____
Incidentals \$ _____

TOTAL \$ _____

ESTIMATED RESOURCES AVAILABLE

Applicant's own funds, if any \$ _____
Parent's contribution \$ _____
Loans, give details \$ _____
Other scholarships, if any \$ _____

TOTAL \$ _____

**Balance needed for year \$ _____

Must be signed by both:

Applicant Parent or Guardian

IMPORTANT:

* Please submit appropriate evidence of current tuition costs and other educational fees (either a copy of tuition costs from school catalogue, a printout from the school's website, or a letter from the school setting forth this information).

** In view of the obligation of the Awards Committee to give financial assistance to as many applicants as possible, every effort should be made to make estimates of Expenses and Resources realistic so that the figure entered under "Balance Needed for Year" represents the absolute minimum required.

**THE AUXILIARY OF DELNOR-COMMUNITY HOSPITAL
APPLICATION FOR SCHOLARSHIP**

In order to ensure anonymity in the selection process, please limit the use of the applicant's proper name in your reference. It is important that you understand that personal references are often the determining factor in deciding who will receive this scholarship. We appreciate the time you take to tell us more about this applicant's qualifications for this award.

Part IV: To be completed by personal reference.

Applicant's Name: _____

Selected Course _____
of Study and School _____

How long have you known applicant? _____

And in what relationship (teacher, clergyman, friend of applicant or family, etc.?). _____

Please attach a brief statement (no more than one page) about the applicant (character, abilities, attitudes, interests, work ethic, deportment, etc.). What are the applicant's strong points? What makes the applicant stand out?

Why do you think this applicant would be successful in a healthcare career? _____

Any additional comments? _____

ALL REPLIES ARE STRICTLY CONFIDENTIAL

Return by March 19 to:
Linda Niemann
Volunteer Services Department
Delnor-Community Hospital
300 Randall Road
Geneva, Illinois 60134

Signature of Reference

Address
