

**GUIDELINES**  
for  
**THE MARGERY CLARK BURGESS MEMORIAL SCHOLARSHIP**

**Presented to a graduating high school senior from  
Community School District #303  
Who intends 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 a qualified student who has 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 primary service area which includes: Geneva, St. Charles, Batavia, Wasco, Elburn, Kaneville, LaFox.
2. Applicant must be graduating from high school in 2010.
3. Applicant must have 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. One scholarship in the amount of \$1,000 will be awarded in April based upon scholastic achievement, financial need, and satisfaction of requirements 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.
3. All applications will be confidentially reviewed by a Scholarship Selection Committee. Selections will be made in April and the recipient will be notified by mail. The decision of the committee as to allocation of the scholarship shall be final.

Guidelines continued:

4. 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 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 Auxiliary, 300 Randall Road, Geneva, Illinois 60134 (630 208-4265).

Sincerely,

Scholarship Committee Chairperson  
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

\_\_\_\_\_  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auxiliary/HSAApplicationPartII



**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

\_\_\_\_\_

