

2021 Perry Memorial Hospital Auxiliary Scholarship Application

Abbie Jean Gunning Memorial Scholarship & Harold Morine Scholarship

The Perry Memorial Hospital Auxiliary is offering Health Career Scholarships to applicants residing in Bureau County. Applicants are judged on academic achievement, financial need and their sincerity in pursuing a Health Career. You are requested to furnish the information below. The information will be kept confidential.

APPLICATION DEADLINE: APRIL 1, 2021

Personal Information

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Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please provide mailing address after May 1, 2021, if different from above.

Educational Information

If you are returning to school please list the last school you attended.

Name of High School/College currently attending _____

City & State _____ Graduated _____ Date _____

Intended area of study & major _____

Name of academic institution planning to attend _____

Honors & Awards

Please list honors, distinctions or awards you have earned.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Attach additional sheet if necessary.

Health/Science/Extracurricular Activities

List activities, school related or otherwise, which you are involved.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Attach additional sheet if necessary.

Work Experience

List your last four jobs. Indicate places, dates and duties of employment.

- 1 _____
- 2 _____
- 3 _____
- 4 _____



Financial Need

List your estimated resources and expenses for the upcoming school year.

Resources

Expenses

Parents/Guardians \$ _____

Tuition & Fees \$ _____

Friends/Relatives/Spouse \$ _____

Room & Board \$ _____

Personal Savings \$ _____

Books & Supplies \$ _____

Employment \$ _____

Transportation \$ _____

Loans \$ _____

Personal/Other \$ _____

Scholarships/Grants* \$ _____

TOTAL EXPENSES \$ _____

TOTAL RESOURCES \$ _____

Are there other family members in your household attending college? If so, please specify the number. _____

* Please list all scholarships/grants received, include the name and amount awarded.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Attach additional sheet if necessary.

Do you plan on attending school full-time or part-time ? _____

Where do you plan on residing? Please specify if you will live in a dormitory, rent, live at home with relatives or own a home.

If I am awarded a scholarship by the Perry Memorial Hospital Auxiliary Scholarship Committee, it is my intention to complete my health career education as outlined by my school and to serve as a member of the profession for which I am preparing. Should I withdraw from a health career I understand the funds must be returned commensurate with the school year remaining. (For example, for one half of the academic year, one half of the award must be repaid.) I acknowledge that the information provided in this application is true & complete. I understand that any false or misleading representations or omissions may disqualify me from consideration of scholarship monetary award. I authorize persons, schools, employers & organizations to provide PMH Auxiliary with any request information regarding my applicaton.

Applicant Signature _____

Date _____

Send application to:

Susan Gorman
901 Elm Pl
Princeton, IL 61356
gorman.susan@comcast.net

Include with application the following information:

- 1. A **brief description** of why you are choosing a health career. Limit 1 page.
- 2. A high school or college **transcript** from the school you are presently attending or last attended.
- 3. Enclose **at least two letters of reference** from a teacher, counselor, employer, supervisor or clergy.

PLEASE SUBMIT YOUR APPLICATION BY April 1, 2021. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED! Selection of recipients is made late April. Only scholarship recipients will be notified.
Please contact Susan Gorman, 815-878-5062 Or Donna Braida, 815-866-5791 with questions.

