



## ALHF Healthcare Careers Scholarship Due April 6, 2007

### ELIGIBILITY

- The applicant must be accepted into or currently enrolled in a human healthcare professional curriculum, or enrolled in classes in preparation for a career within human healthcare.
- The applicant must be a permanent resident of Logan or eastern Mason County.
- Applicants may include current college students or 2007 high school graduating seniors.
- College or university to be attended need not be an Illinois institution; however it must be accredited or recognized as an approved program in the field of study.

### APPLICATION PROCESS

- Completed application includes a
  - completed form
  - no more than 2 typewritten pages of essay answers
  - a high school *and/or* college transcript (*High school transcripts are not needed if at least 3 semesters of post-secondary grades are available.*)
  - at least 2 letters of reference from an employer, academic supervisor, instructor, or another non-relative who can attest to your personal character and ability to succeed in chosen career field.
  - Verification that you have been accepted into an accredited program of healthcare instruction, or a pre-professional program of study.
- Application forms are also available at [www.almh.org](http://www.almh.org)
- Applications are due by **Friday, April 6, 2007** to the Abraham Lincoln Healthcare Foundation, 315 8<sup>th</sup> Street, Lincoln, IL 62656.
- Top applicants should be prepared to come to ALMH for a personal interview. The selection committee may or may not choose to conduct personal interviews after reviewing the written applications.
- ALHF expects to reward \$5000 in scholarships in 2007. The number of scholarships awarded and the value of each is determined by the quality of applications reviewed.
- If a scholarship recipient drops out of school or changes his or her major to a non-healthcare related field while the award is in effect, the recipient will be bound by a separate agreement to repay the Abraham Lincoln Healthcare Foundation the total sum of all funds received within a reasonable length of time.
- Questions about the scholarship may be directed to Marty Ahrends at 217-732-5048 or [foundation@almh.org](mailto:foundation@almh.org)



## ALHF Healthcare Careers Scholarships

Due April 6, 2007

Please print in black ink or type. All blanks must be completed. Use "NA" (not applicable) where data requested is not applicable to you.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street City State Zip

County Phone number(s)

Present Address:  
(if not same as above) \_\_\_\_\_

Street City State Zip

County Phone number(s)

Date of Birth: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Which high school did you (will you) graduate from? \_\_\_\_\_

High school GPA \_\_\_\_\_ College Entrance Exam score \_\_\_\_\_

Where are you currently studying? \_\_\_\_\_

What school will you attend this fall? \_\_\_\_\_

What is your academic major or certification program? \_\_\_\_\_

Will you be a full-time or part-time student? \_\_\_\_\_

What is your ultimate professional goal? \_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL FINANCIAL INFORMATION**

Who is the primary contributor to your support? \_\_\_\_\_  
*If it is parents or guardians, then please complete next two questions.*

Names of parents or guardians \_\_\_\_\_

Their occupations & places of employment \_\_\_\_\_

Annual gross family income from all sources...

Wages & Salaries: \_\_\_\_\_ Investments: \_\_\_\_\_

Alimony & Child Support: \_\_\_\_\_ Other: \_\_\_\_\_

Do you personally contribute to the support of any other person(s) or have other significant financial obligations? If so, explain. (minor children, home & auto loans, health insurance, etc.)

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

**RESOURCES FOR HIGHER EDUCATION**

Your total college savings, including college savings accounts in others' names \$ \_\_\_\_\_

Anticipated earnings from work-study or other employment during school year \$ \_\_\_\_\_

Scholarships already received for 2007-2008 & amounts: \_\_\_\_\_

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

Other scholarships applied for, but not yet notified & amounts: \_\_\_\_\_

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

**ANTICIPATED EXPENSES**

Tuition for 1 year (2 semesters) \$ \_\_\_\_\_

Room & board for 1 year (2 semesters) \$ \_\_\_\_\_

Books & Misc. fees for 1 year (2 semesters) \$ \_\_\_\_\_

## SHORT ESSAY QUESTIONS

*Please limit responses to a maximum of 2 typewritten pages.*

- A. Discuss why you have chosen this career field.
- B. What high school or college classes have prepared you most for higher education coursework and your future career?
- C. What are your significant extracurricular, community or church activities and how have they shaped your career choices?
- D. List any paid jobs, paid or unpaid internships and regular volunteer work. Briefly explain your responsibilities with each position and dates of engagement. If any of these positions shaped your career aspirations, please explain as well.
- E. Describe any job shadowing experiences and how they have influenced your educational or career decisions.
- F. Discuss how & why you selected the school or program you will attend this fall.
- G. Describe what type of position you will likely pursue immediately following completion of your degree or certification program.
- H. What is your ultimate career goal?
- I. Why will you be successful in a healthcare career?

## SCHOLARSHIP REQUIREMENTS

As required by the scholarship guidelines, I confirm that I am a permanent resident of Logan County or eastern Mason County. I also understand that if selected as a scholarship winner, I will pursue a course of study to prepare me for some kind of career in healthcare for humans. If I redirect my studies to prepare for a non-healthcare career, I am expected to pay back the scholarship funds to the Abraham Lincoln Healthcare Foundation within a reasonable amount of time.

Signature of applicant: \_\_\_\_\_

Date signed: \_\_\_\_\_

## CONSENT FOR RELEASE OF INFORMATION

I hereby consent to the release of any information that, in the judgment of the ALHF Scholarship Committee, may be of assistance in evaluating my scholarship application, and for no other purpose.

Signature of applicant: \_\_\_\_\_

Date signed: \_\_\_\_\_