

General Information:

1. Applicants should live within the area served by St. Mary's Hospital.
2. Written verification of acceptance in a health care program is required by May 1, 2012. (Students in pre-nursing, pre-med, etc. are not eligible until they are in the professional program itself.)
3. Consideration will be given to colleagues and volunteers of St. Mary's, family members of both groups, and families that have established St. Mary's as their hospital of choice. Others may also apply.
4. Final decisions on grants will be made considering the cost of the program, financial need and past academic record as it relates to probable success in the chosen program.
5. Auxiliary and Foundation grants will be based on the above mentioned criteria, as well as specific requirements for individual funds.

Selection Criteria for all Scholarships:

6. Current and previous service to St. Mary's Hospital
7. Interest in and potential for the health career chosen
8. Scholastic ability consistent with the program chosen
9. Financial need
10. Other qualities which make the candidate most likely to succeed in their career choice
11. Hospital hire date (if applicable)

Timetable:

12. All applications must be received by the Foundation no later than 4:30 pm on May 1, 2012.
13. Interviews will be scheduled in June.
14. Recipients will be notified on or about July 1, 2012.

Attach the Following Items and Return with Application:

15. A narrative statement no longer than one typewritten page, in which you explain why you are interested in a health career and why you decided to apply for this scholarship.
16. An official transcript of your high school and/or college record. Any available achievement test records, as well as relative class rank should be included. Transcripts submitted last year may be transferred to the current file. However, if additional credit has been earned, new transcripts or other documentation is required.
17. A recent "close-up" photograph of the applicant (please put your name on the back).
18. Written verification of acceptance in the health career program.
19. Complete mailing address for three references.

**Return application by May 1, 2012 to:
St. Mary's Hospital, Foundation, 1800 E. Lake Shore Drive, Decatur, IL 62521**

For questions, please call the Foundation office at 217.464.2520.

Name: _____

Intended School: _____

Address of School: _____
Street City State Zip

Program Enrolled In: _____ Goal: _____

Dates (specify month/year): ____/____ College Entrance ____/____ Completion

____/____ Accepted into Health-Related Program

____ Full-time ____ Part-time ____ PACE ____ Internet

TOTAL ESTIMATED COSTS FOR ONE YEAR: Total: _____

Tuition: _____ Books & Fees: _____ Room & Board: _____ Other: _____

WORK EXPERIENCE (include volunteer work/hospital work):

Past Work Experience: _____

Present Work Experience: _____ Full-time ____ Part-time ____

Work plans 2012-2013: _____ Full-time ____ Part-time ____

FINANCIAL AID ASSISTANCE:

2012-2013 Financial Aid Assistance: _____

St. Mary's Reimbursement: ____ Full ____ Partial

Past Assistance: _____

St. Mary's Scholarship Year(s): _____

REFERENCES: If a St. Mary's employee, the first reference should be your supervisor:

Name: Name: Name:

E-Mail: E-Mail: E-Mail:

Address: Address: Address:

City/State/Zip City/State/Zip City/State/Zip