Scholarship Application Instructions & Policies of the Carlinville Area Hospital and Clinics Auxiliary Scholarship Awards Committee

Please read carefully

I. Eligibility for Scholarship

1. Any high school student graduating in 2027 from Macoupin County, Illinois who is accepted to an accredited college or university with the intention of entering a hospital related health care career (such as medical, dental, nursing, pharmacy schools, radiology technology programs, occupational/physical/speech therapy, etc.)

2. Must have maintained a GPA of 3.5 or above through their junior year of high school.

II. Facts Pertaining to Scholarship

1. CAH Auxiliary Scholarship will be awarded in two increments based on the student's scholastic achievement. The initial $750.00 will be awarded upon the recipient's entrance into college. The second $750.00 will be awarded upon the recipient's second semester while maintaining a 3.0 GPA.

2. The $1,500.00 award is to be applied toward tuition, fees, or books.

3. Selection of recipient will be made by April of 2027.

III. Submission of Scholarship

1. Send all documents to Sarah Beck, Carlinville Area Hospital, 20733 N. Broad, Carlinville, IL 62626 by March 1, 2027. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

Carlinville Area HOSPITAL & CLINICS
20733 N. Broad St.
Carlinville, IL 62626
217.854.3141
cahcare.com

CARLINVILLE AREA HOSPITAL & CLINICS AUXILIARY SCHOLARSHIP APPLICATION 2026-2027

Before filling out this form, please read the Scholarship Application Instructions and Policies. Print carefully filling in ALL blanks using N/A where not applicable.

I. PERSONAL INFORMATION

1. Full Name_____
   Date of Birth_____

2. Present Address
   Street_____
   City_____Zip_____
   Telephone_____Email_____

3. Hospital nearest your home
   Name_____City_____

II. EDUCATIONAL INFORMATION

1. What high school are you currently attending? _____

2. What is your GPA through your junior year of high school?_____

3. What is your class rank?_____

4. What school will you attend this fall?_____
   Full-time or part-time_____
   If part-time, specifically what else will you be doing>_____
   _____

5. What is your professional goal?_____
   _____

6. What is your course of study?_____
   _____

III. SUBMIT A COMPREHENSIVE LIST OF STUDENT ACTIVITIES
(Write on a separate sheet)

IV. SUBMIT A COMPREHENSIVE LIST OF VOLUNTEER AND/OR COMMUNITY ACTIVITIES. (Write on a separate sheet)

V. SUBMIT TWO LETTERS OF RECOMMENDATION. One letter may be from a teacher or school administrator and one must be submitted from an adult outside the student's academic life and be a non-relative.

VI. SUBMIT A TYPED ONE-PAGE ESSAY ABOUT WHY YOU WOULD LIKE TO OBTAIN AN EDUCATION IN THE MEDICAL FIELD.

If selected as the recipient of the Carlinville Area Hospital Auxiliary Scholarship, I give my permission to the Hospital Auxiliary to use my name in my application. This includes photos for publicity in the media. Yes_____No_____

I DECLARE THIS INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE_____

STUDENT SIGNATURE REQUIRED_____

PARENT/GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE_____