Anderson Hospital

2024
MEDICAL STAFF SCHOLARSHIP REQUIREMENTS

1. Type or print in ink on the attached application.

2. Submit copies of your high school and/or college transcripts and current federal income tax return.

3. Submit a letter stating why you wish to receive the Anderson Hospital Medical Staff Scholarship and how you plan to use the funds.

4. Submit a copy of your acceptance into a **health occupational program** from the college of your choice.

5. GRADE POINT AVERAGE REQUIREMENT – minimum of 3.0 on a 4.0 grading system.

6. Mail all of the above by **June 3, 2024*** to:

Robin Zobrist, Medical Staff Manager
Anderson Hospital
Medical Staff Office
6800 State Route 162
Maryville, IL 62062

****Unless all of the above requirements are received by this date, your application will not be considered for the scholarship.***

ANDERSON HOSPITAL MEDICAL STAFF SCHOLARSHIP
POLICIES OF THE SCHOLARSHIP AWARDS COMMITTEE

1. At least three students will be selected for a $1,000.00 scholarship to be applied toward educational expenses (tuition, books, and fees).
   The selected students must:

   - ✓ be legal residents of the State of Illinois
   - ✓ reside in either Madison County or St. Clair County

   *** Note: the college to be attended need not be an Illinois institution; however, must be accredited.*

2. To be eligible for consideration, students **must be enrolled at least half time, in a health occupational program at an accredited college or university.**

   *** Note: if not enrolled in a health occupational program, application will not be considered.*

3. Applicants must provide proof of acceptance into a program preparing them for a health-related occupation and/or completion of a health-related degree.

4. The Executive Committee of the Anderson Hospital Medical Staff will make student selections annually. Before previous winners are considered for another award, a check of remaining funds should be made to ascertain the balance at the college, and the need of money to complete the program.

5. All information provided will be held strictly confidential.

Parental Information (if applicable)

Parents' or Guardians' Names: _____

Address: _____

Do you live with your parents for more than two weeks a year?	☐ Yes	☐ No
Do you receive at least $600 per year in cash or kind from them?	☐ Yes	☐ No
Were you listed as an income tax exemption by your parent(s) last year?	☐ Yes	☐ No

Father's Employer _____

Business Address _____

Mother's Employer _____

Business Address _____

Parents Total Yearly Income (Gross) _____

Total number of dependents in parents' family (including self) _____

Total number of dependents in parents' family in college (including self) _____

I certify that the statements and information are true and accurate to the best of my knowledge. I understand that any false or incomplete information could result in my not being considered for this award. I also understand that my rights of privacy will not be abused and that this award is not based on sex, race, color, religion or national origin.

Signature: _____ Date: _____

ANDERSON HOSPITAL MEDICAL STAFF SCHOLARSHIP APPLICATION

Name: _____ Social Security No.: _____

Address: _____

Date of Birth: _____ Telephone Number: _____

Applicant Information

Number of dependents to applicant's family (including self) _____

Number of dependents to applicant's family in college (including self) _____

Applicant's place of employment _____

Business Address: _____ Yearly Income: _____

If currently married, spouse's name: _____

Spouse's place of employment: _____

Business Address: _____ Yearly Income: _____

Source and amount of non-taxable Income: _____

Citizenship: U.S. _____ Other: _____ High School Graduation Date: _____

Expected College Graduation Date: _____

Overall G.P.A. _____ College Major: _____

List all activities and awards you have received: _____

_____

_____

List all financial aid or scholarship assistance you have applied for, have received, or expect to receive during 2024:

_____

_____

_____

How did you hear about the Anderson Hospital Medical Staff Scholarship?

_____

_____

Anderson Hospital