



The way you *should* be treated.

Silver Cross Healthy Community Commission 2024 Healthcare Scholarship Application

Statement of Purpose

The purpose of the scholarships is to provide financial assistance to those individuals pursuing a course of instruction for healthcare-related careers.

Amount of Scholarship

The amount of the scholarship will be determined based on the academic program. Scholarships may be used for tuition, books, and school fees.

Deadlines

Completed application must be received by **January 15, 2024**.

Deliver/Mail:

Leslie Newbon
Silver Cross Hospital,
1900 Silver Cross Blvd,
New Lenox, IL 60451

Email:

SCHHCC@silvercross.org

Criteria

Participants selected for scholarship funding must meet the following criteria:

- High school graduate or GED graduate
- Live within zip codes 60432, 60433, 60435, 60436, and 60441 Fairmont Area located in Incorporated Lockport Township
- Meet admission requirements to program of choice

Contact Information

Name _____
Street Address _____
City State ZIP _____
Primary Phone _____
Emergency Contact
Name and phone _____
E-Mail Address _____

Health Careers

Clinical Positions

- ♦ R.N.
- ♦ C.N.A.
- ♦ Sterile Processing Tech
- ♦ OB/OR Tech
- ♦ Respiratory Tech
- ♦ Clinical Dietician
- ♦ Mental Health Technician
- ♦ Medical Doctor

Imaging Technology

- ♦ CT
- ♦ MRI
- ♦ X-Ray
- ♦ Nuclear Medicine
- ♦ Mammography
- ♦ Ultra Sound

Healthcare Administrator

Phlebotomy

Medical Technologist

Medical Assistant

Pharmacy

- ♦ Pharmacy Tech
- ♦ Pharmacist

Radiation Therapy

Rehabilitation

- ♦ Occupational
- ♦ Physical
- ♦ Speech

Educational Information

List schools attended or training received. Provide name of school and dates attended.

High School or GED: _____
Trade or Vocational School: _____
College / University: _____
Military / **Other**: _____

Are you currently attending college or school? Yes No

Name of school you are currently attending.

General Information

Are you currently working? Yes No

Employer's Name _____

Have you previously applied for a Silver Cross Healthy Community Commission Scholarship? Yes No

Are you a recipient of a Silver Cross Healthy Community Commission Scholarship? Yes No

What is your course of study? _____

Requirements

- 3 letters of reference (from people not related to you who are familiar with your life experience and your character).
- A personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the selection committee in its evaluation.
- A letter of acceptance/admission from the school of your choice to indicate admission requirements are met.

Scholarship Application Process

- Applications must be completed and received by the deadline of **January 15** to be considered for a scholarship.
- Candidates will be notified if they are selected for an interview by **February 28**.
- After the interviews, applicants will receive a written notice advising whether they have been awarded a scholarship by **April 1, 2024**.
- Prior to check distribution, each recipient must submit a class schedule.
- For questions, please contact Leslie Newbon, Manager of Community Relations, Silver Cross Hospital at schcc@silvercross.org.

Signature

Date