

Margie Gavin-Woods Healthcare Scholarship

Statement of Purpose

The **Margie Gavin-Woods** scholarship is for an individual pursuing a course of instruction for a **healthcare-related career** and has made contributions to the community through their dedication, time, and talents.

The student has a passion for helping others and strives to improve the quality of life for the community they serve.

Amount of Scholarship

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

Deadlines

Completed application must be received by **May 15, 2024**, to:

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, 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 Tech
- ♦ Medical Doctor

Imaging Technology

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

Laboratory

Phlebotomy

Medical Technologist

Medical Assistant

Healthcare Administrator

Pharmacy

- ♦ Pharmacy Tech
- ♦ Pharmacist

Radiation Therapy

Rehabilitation

- ♦ Occupational
- ♦ Physical
- ♦ Speech

Radiation Therapist

Educational Information

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

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 to be considered for a scholarship.
- The Candidate will be notified if they are selected for an interview by May 20, 2024
- Prior to check distribution, each recipient must submit a class schedule.
- If you are awarded, please be available to attend an award reception on June 8th, 2024.
- For questions, please contact Leslie Newbon, Manager of Community Relations, Silver Cross Hospital at schhcc@silvercross.org.

Signature

Date