

**HILLSBORO HEALTH FOUNDATION
SCHOLARSHIP POLICY
2024/2025**

The Scholarship Program of the Hillsboro Health Foundation is designed to give financial aid to persons who train in the healthcare field. The Foundation administers this scholarship award for those who are graduating high school seniors or those who have completed at least their first semester in a healthcare program.

The Foundation Healthcare Scholarship

I. PURPOSE

- A. The Foundation Healthcare Scholarship is to promote the education of persons desiring to train for a **healthcare career**.
- B. The award is to encourage students to seek a position at Hillsboro Health upon completion of training.

II. ELIGIBILITY

- A. Students must be accepted for admission to an accredited program/school.
- B. Students must be a high school graduating senior or must have completed at least their first semester in a healthcare program.
- C. For one year prior to date of application, the student must be a resident of Montgomery County or currently employed at Hillsboro Health.
- D. The student must be in need of financial assistance.
- E. The student must be recommended by the Foundation.
- F. The student may re-apply the next year, upon successful completion of their first year.

III. AMOUNT OF SCHOLARSHIP

- A. The Foundation Scholarship will pay two thousand dollars (\$2,000.00). At the discretion of the Foundation, additional funding may be granted.
- B. Partial scholarships may be granted based on the student's need and the availability of funds.

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IV. POLICY

A. If the student withdraws from the program prior to the completion of his/her training, the following will apply:

1. The total amount of scholarship money awarded is to be repaid to the Foundation.
2. If withdrawal occurs before tuition deadline, and the student is entitled to a tuition refund, said refund of the scholarship is to be returned in full to the Hillsboro Health Foundation.

B. The scholarship recipient, as a condition of receiving the scholarship, agrees to apply for a position at Hillsboro Health upon completion of the program. It is understood that the applicant may not be accepted by the Hospital.

C. The student is required to notify the Human Resources Department at Hillsboro Health (217-532-4273) of his/her graduation date at least six months prior to graduation.

D. Upon completion of the semester/program, transcripts must be submitted to the Foundation.

**HILLSBORO AREA HEALTH FOUNDATION
2024/2025 SCHOLARSHIP APPLICATION**

DATE: _____

NAME _____ S.S.# _____
First Middle Initial Last

ADDRESS _____ BIRTHDATE _____

PHONE NUMBER _____ MARITAL STATUS _____

EMPLOYMENT RECORD _____

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LIST ANY DEPENDENTS. GIVE NAME AND AGE OF EACH.

NAME	AGE	EMPLOYER
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NAME	AGE	EMPLOYER
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LIST ALL OTHER SCHOLARSHIPS YOU HAVE APPLIED FOR:

HAVE ANY OF THESE BEEN AWARDED TO YOU? ___ IF SO, GIVE NAME & AMOUNT:

LIST ANY FINANCIAL AID (GRANTS, LOANS) YOU WILL BE RECEIVING AND AMOUNTS:

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WHERE HAVE YOU BEEN ACCEPTED AND PLAN TO ATTEND? _____

WHAT DEGREE/DIPLOMA/CERTIFICATION WILL YOU WORK TOWARD?

ESTIMATED COST OF TOTAL PROGRAM UPON COMPLETION: _____

Along with the questionnaire, your completed application should include the following:

1. Two (2) letters of reference from your clergyman, physician, teacher, counselor, or employer (not a relative or classmate).
2. Official transcript of your grades from all schools you have attended and are currently attending.
3. On a separate sheet of paper, include an essay of your high school experience, or if a graduate, your most recent work-related experience, your present activities, and why you are interested in a healthcare career.
4. The applicant, along with parent(s), guardian, or other responsible individual, (unless applicant is an adult), is required to sign scholarship agreement outlining terms and conditions of scholarship.

ATTACH YOUR APPLICATION FORM AND ALL SHEETS INCLUDING NUMBERS 1-3 ABOVE. **MAIL OR DELIVER ALL DOCUMENTS IN ONE ENVELOPE by October 1, 2024 (Spring Semester Start) or April 1, 2025 (Fall Semester Start) to:**

Shannon Freeman
Hillsboro Health Foundation
1200 E. Tremont St.
Hillsboro, IL 62049

QUESTIONS CONCERNING THE ABOVE MAY BE DIRECTED TO:
Shannon Freeman at 217-532-4168

SIGNATURE OF APPLICANT

DATE

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SIGNATURE OF PARENT OR GUARDIAN
(UNLESS APPLICANT IS AN ADULT)

DATE

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