



**HILLSBORO HEALTH AUXILIARY
SCHOLARSHIP/GRANT COMMITTEE POLICIES
2024**

The Scholarship and Grant Program of the Hillsboro Health Auxiliary is designed to give financial aid to persons who will train in the healthcare field. The Auxiliary administers two separate awards to serve this purpose: the Mae Seward Sorrells Nursing Scholarship (for graduating high school seniors) and the Montgomery County Health Improvement Scholarship (for those who have completed their first or second year in a college nursing program).

The Mae Seward Sorrells Nursing Scholarship
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I. PURPOSE

- A. The Mae Seward Sorrells Nursing Scholarship is to promote the education of persons desiring to train for a **nursing career**.
- B. The award is to encourage nursing students to seek a position at Hillsboro Health upon completion of training.

II. ELIGIBILITY

- A. Students must be accepted for admission to an accredited school.
- B. For one year prior to date of application, the student must be a resident of Montgomery County or currently employed at Hillsboro Health.
- C. The student must be in need of financial assistance.
- D. The student must be recommended by the Scholarship Committee of the Hillsboro Health Auxiliary to the Executive Board of the Auxiliary.

III. AMOUNT OF SCHOLARSHIP

- A. The Mae Seward Sorrells Nursing Scholarship will pay Five Hundred dollars (\$500.00). This award will be paid directly to the applicant the first year. **The student will be required to provide the Hillsboro Health Auxiliary with a copy of his/her class schedule prior to receiving this award.**

- B. Partial scholarships may be granted based on the student's need and availability of funds.

IV. POLICY

- A. If the student withdraws from the nurse training program prior to the completion of his/her training, the following will apply:
 - 1. The student relinquishes his/her claim to any remaining scholarship money.
 - 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 Auxiliary.
 - 3. The total amount of scholarship money awarded is to be repaid to the Hillsboro Health Auxiliary in the order it was received by the student.
- B. The scholarship recipient, as a condition of receiving the scholarship, agrees to apply for a position at Hillsboro Health upon completion of schooling and licensure. It is understood that the applicant may not be accepted by Hillsboro Health and that the scholarship recipient is not required to accept employment if offered.
- C. The student is required to notify the Human Resources Department at Hillsboro Health (217-532-4323) of his/her graduation date at least three months prior to graduation.



**HILLSBORO HEALTH AUXILIARY
2024 SCHOLARSHIP AND GRANT APPLICATION**

DATE: _____

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

ADDRESS _____ BIRTHDATE _____

PHONE NUMBER _____ DAYS _____ EVENINGS

EMPLOYMENT RECORD _____

MARITAL STATUS _____ NAME OF SPOUSE (if applicable) _____

SPOUSE'S OCCUPATION _____

NAME & ADDRESS OF SPOUSE'S EMPLOYER _____

IF UNMARRIED,

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

LIST ANY DEPENDENT SIBLINGS AND/OR CHILDREN. GIVE NAME AND AGE OF EACH. IF EMPLOYED, STATE EMPLOYER AND WHETHER FULL (F) OR PART (P) TIME.

NAME	AGE	EMPLOYER	F OR P
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NAME	AGE	EMPLOYER	F OR P
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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:

WHERE HAVE YOU BEEN ACCEPTED AND PLAN TO ATTEND? _____

WHAT DEGREE (OR DIPLOMA) WILL YOU WORK TOWARD? _____

**IT IS IMPERATIVE THAT THE FOLLOWING INSTRUCTIONS BE FOLLOWED
EXACTLY AS STATED OR YOU MAY BE DENIED THE REQUIRED PERSONAL
INTERVIEW, WHICH WILL DISQUALIFY YOU FOR THE SCHOLARSHIP.**

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. A photograph of yourself.
4. 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.
5. Upon completion of the application, **qualified applicants** will receive an invitation to a **personal interview** with the Hillsboro Health Auxiliary Scholarship Committee.

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6. The applicant, along with parent(s), guardian, or other responsible individual, (unless applicant is an adult), is required to sign scholarship/grant agreement outlining terms and conditions of the scholarship.

ATTACH YOUR APPLICATION FORM AND ALL SHEETS INCLUDING NUMBERS 1-4 FROM THE PREVIOUS PAGE. **MAIL OR DELIVER ALL DOCUMENTS IN ONE ENVELOPE by Monday, April 15, 2024 to:**

Diane Clark
Hillsboro Health
1200 E. Tremont St.
Hillsboro, IL 62049

QUESTIONS CONCERNING THE ABOVE MAY BE DIRECTED TO:
Diane Clark at 217-532-4187

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

DEADLINE FOR COMPLETED APPLICATION:
April 15, 2024

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