



Chad Scoles Scholarship

- Eligibility:** Any student accepted into, or currently enrolled in an accredited health care professional sequence and is pursuing a career as a medical professional. Students enrolled in pre-nursing, pre-medical, or pre-pharmacy are not eligible until they have been accepted into a core program such as nursing school or medical school.
- Scholarship amount:** Up to \$1000 per calendar year
- Conditions:** All applicants must reside within a 30 mile radius of St. Mary's Hospital, Streator, Illinois and maintain an overall GPA of 3.0 or higher throughout the duration of the scholarship award.
- Instructions:** Complete the Chad Scoles Scholarship application and submit the following required attachments:
- References from three individuals who are not related to the applicant
 - At least one reference should be from a recent instructor
 - Most recent official transcripts
 - List of courses anticipated for the scholarship year
 - Photocopy of proof of enrollment
 - A one page written statement discussing your future goals and aspirations in your chosen field
- Deadline:** All application materials must be postmarked or hand-delivered to the front desk of the hospital by Friday, **April 16, 2010** to be considered for the 2010 fall term. Late or incomplete application materials **will not** be considered.
- Submit to:** St. Mary's Hospital
ATTN: Friends of St. Mary's Hospital
Chad Scoles Scholarship
111 Spring Street
Streator, IL 61364
- Process:** All completed applications and materials will be reviewed by the Chad Scoles Scholarship selection committee. Applicants selected for a scholarship will be notified by mail in May 2010. The winning recipient(s) must provide a social security number.
- Questions:** If you have questions concerning this application or scholarship program, please call the Office of Planning and Development at 815-673-4535 or St. Mary's Hospital at 815-673-2311.



CHAD SCOLES SCHOLARSHIP APPLICATION

PERSONAL INFORMATION			
Last name	First name	Middle initial	Application date
Current address			
City	State	Zip	
Phone	Alt phone	E-mail	
EDUCATION			
Degree being pursued			
Current college or university of enrollment			
City	State	Zip	
Health care program start date		Anticipated graduation date	
Other colleges or universities attended		Degree pursued	
Please list any other financial assistance, grants or scholarships that you have received			
High School attended			
City	State	Zip	
EMPLOYMENT – Please list most recent employer first			
Employer 1		From	To
City	State	Zip	Phone
Job title		Supervisor's name	
Employer 2		From	To
City	State	Zip	Phone
Job title		Supervisor's name	
Employer 3		From	To
City	State	Zip	Phone
Job title		Supervisor's name	
ACTIVITIES AND AWARDS			
Please list any awards that you have received or volunteer activities that you are involved in			

Complete application materials must be postmarked by or hand-delivered to the front desk of the hospital by **Friday, April 16, 2010** to be considered for the 2010 fall term. Incomplete or late applications **will not** be accepted. Applicants selected for a scholarship will be notified by mail in May 2010.

Required attachments:

1. References from three individuals who are not related to the applicant.
2. Most recent official transcripts.
3. List of courses anticipated for the scholarship year.
4. Photocopy of proof enrollment.
5. One page written personal statement discussing future goals and ambitions.

Applicant signature	Date
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