



## AUXILIARY SCHOLARSHIP

This award is available to any student who lives in a community served by the Valley West Community Hospital with an active Auxiliary unit. This includes Sandwich, Plano, Somonauk, Leland, Yorkville, Bristol, Sheridan, Serena, Newark, Millington, Millbrook, Big Rock, Hinckley, and Waterman. The student must be enrolled in a bona fide professional program of study for any of the allied health care curriculum.

Application forms, transcripts and test scores must be completed and returned by June 1. Scholarship winners will be notified by letter the amount of their award. A letter and scholarship check will be sent directly to the school. The letter will request that if a recipients drops out of school while the award is in effect, funds must be returned to the Auxiliary commensurate with the school year remaining.

**Only the scholarship recipients will be notified.**

Any person who has been accepted into or is currently enrolled in the professional years of study for one of the "allied health care fields" will be considered. Support **will not** be given to undergraduates preparing themselves eventually to enter a program in one of these fields. The school attendance need not be at an Illinois Institution but must be accredited and/or recognized as a legitimate institution by an appropriate agency. One year scholarships may be renewed based on annual application and evaluation.

**APPLICANT'S RESPONSIBILITIES:** Direct questions and send all documents to:

VWCH Auxiliary Scholarship Chairman  
Valley West Community Hospital  
11 East Pleasant Avenue  
Sandwich, Illinois 60548

**As part of application, please submit the following:**

- 1) At least two letters of reference, one personal and one from a teacher or employer.
- 2) A brief written profile, stressing aspects relevant to occupational choice and goals.
- 3) High school and/or **official** college transcript and available aptitude and achievement tests. High School transcript is not necessary if you have had more than one year of college.
- 4) Proof of Acceptance into your allied health care curriculum from your Education Institution. Required for new students and those already enrolled.
- 5) Photograph (used for publicity purposes)



AUXILIARY SCHOLARSHIP APPLICATION

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status:  Single  Engaged  Married  Widowed  Divorced

If applicable, dependents: (name, age and relationship) \_\_\_\_\_  
\_\_\_\_\_

What is your occupational goal? \_\_\_\_\_

What school will you be attending this fall? (complete address) \_\_\_\_\_  
\_\_\_\_\_

Will you be attending school? Full time \_\_\_\_\_ Part time \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

If part-time, specifically what else will you be doing? \_\_\_\_\_  
\_\_\_\_\_

Residence plans: Dormitory \_\_\_\_\_ Home \_\_\_\_\_ Other (Specify) \_\_\_\_\_

In what course of study will your enrollment be, and at what academic level? \_\_\_\_\_  
\_\_\_\_\_

Have you done post high school study in a field other than that which you will be in this fall? If so, what, and how do you explain your change of interest? \_\_\_\_\_  
\_\_\_\_\_

Have you applied for or will you be receiving other scholarships for the next year? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to stay and work in the area after graduation? \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REGARDING FAMILY**

Father's name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number and ages of siblings: \_\_\_\_\_

How many are in school? \_\_\_\_\_ How many of these in college? \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

If applicable, number and ages of children: \_\_\_\_\_

**INFORMATION REGARDING ACADEMIC HISTORY**

List in chronological order all schools attended beyond elementary school (*with addresses*) and degrees or diplomas obtained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What honors, academic or otherwise, have you received, and when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In what health or science related fields or activities have you been involved, either for recreation, as a volunteer, or an employee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What particular qualifications do you feel you have for the occupation you have chosen? When did you decide on this field, and what were some of the factors which led to your decision? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are not now in school, how have you been occupied since leaving school? \_\_\_\_\_

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**INFORMATION REGARDING FINANCIAL SITUATION**

Who is the primary contributor to your support? \_\_\_\_\_

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain:

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Below, list your anticipated expenses for the coming school year.

Tuition and fees \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ Personal and other \$ \_\_\_\_\_

Specify amount of other scholarships or grants which you have received or expect to receive.

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How much assistance do you feel you need in paying tuition and fees? \_\_\_\_\_

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Have you previously applied for a VWCH Auxiliary Scholarship?  Yes  No

Were you a VWCH Auxiliary Scholarship winner in the past? \_\_\_\_\_

Should you be a scholarship winner, a letter and check will be sent to your school's Financial Aid Office, using the address you listed on page 1 of this application. If the check should be directed to another address or department, please provide information below.

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*The information on this form is, to the best of my knowledge, complete and valid. I firmly plan to complete my intended course of study.*

Signature of applicant: \_\_\_\_\_ Date submitted: \_\_\_\_\_