

WARNER HOSPITAL & HEALTH SERVICES FOUNDATION

SCHOLARSHIP GRANT APPLICATION

Name _____

Address _____
Street City State Zip

Telephone _____ Date of Birth _____

Marital Status _____ Number of Dependents _____

Email _____

Father's Name _____
Annual Income \$10,000 & under
\$10,001-\$15,000
\$15,001-\$25,000
\$25,001-\$50,000
\$50,001 & over

Mother's Name _____
Annual Income \$10,000 & under
\$10,001-\$15,000
\$15,001-\$25,000
\$25,001-\$50,000
\$50,001 & over

Husband's Name _____
Annual Income \$10,000 & under
\$10,001-\$15,000
\$15,001-\$25,000
\$25,001-\$50,000
\$50,001 & over

Wife's Name _____
Annual Income \$10,000 & under
\$10,001-\$15,000
\$15,001-\$25,000
\$25,001-\$50,000
\$50,001 & over

Number of brothers and sisters _____

Number of brothers and/or sisters presently enrolled in college _____

High School attended _____ Year Graduated _____

Who is the Primary contributor to your support? _____

List any additional sources of income (social security, pensions, etc.) _____

Occupational goal: _____

Entrance application filed _____ Date Accepted _____ Date

Estimated cost of education for one (1) year including room and board: _____

Expected graduation date: _____

Work experience: (include volunteer or hospital work, if any) _____

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

Reasons for applying for this scholarship: _____

Have you applied or received any other scholarship or financial grant?

Yes No If "yes", what type and amount _____

As part of the application form, please include the following:

- A brief resume of self and why you are interested in a health Career (no more than one (1) typewritten page.)
- Grade transcript from high school and/or college required. (Applicant is responsible for obtaining this from the school.)
- Any available Achievement Test results.
- Three (3) letters of recommendation must be included with the application. Letters of recommendation can be from the High School Principals or Counselor, Clergymen, Teachers, Physicians, Employers, etc. Letters of recommendation from friends or family members will not be accepted.

Application must be returned to Melissa White at Warner Hospital and Health Services, 422 W. White St., Clinton, Illinois, no later than April 12, 2024. **Email is preferred method to return applications at melissa.white@warnerhospital.org.**