



## INSTRUCTIONS FOR SCHOLARSHIP APPLICANTS

1. Applicants must be a DeWitt County resident. Completed application forms must be returned to the Foundation ***no later than April 1, 2026***. Applications will not be accepted after this date.
2. Any person accepted into, or currently enrolled in a hospital-related health care professional curriculum is eligible.
4. The school to be attended does not need to be an Illinois institution. However, it must be accredited or recognized as an approved program by the appropriate agencies.
5. College Students having less than one (1) academic year remaining until graduation are not eligible for consideration.
6. In order to be competitive, a 3.5 GPA out of 4 points or a 4.5 GPA out of 5 points is necessary.
7. If a recipient drops out of school within six (6) months of the scholarship award being issued to the student, funds must be returned to the Hospital Foundation.
8. 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.
9. The Scholarship amount will be dependent on the available funds and number of applicants selected.
10. The following documents must accompany the application form for the applicant to be considered:
  - A. Brief resume of self and why you are interested in a Health Career (no more than one (1) typewritten page.)

- B. Written verification of acceptance by the applicant's school. Applicants who have been accepted on a conditional or probationary basis may be considered.
  - C. Grade transcript from High School and/or College.
  - D. Three (3) letters of recommendation (See #3).
  - E. Available Achievement Test results, if applicable.
11. If Interviews are needed, they will be conducted in April of each year.
  12. Scholarships will be awarded in May of each year.
  13. Students may obtain an application from the reception/admitting desk at the hospital or by contacting Emily Walker at 935-9571, ext. 3202 or email: [emily.walker@warnerhospital.org](mailto:emily.walker@warnerhospital.org).
  14. If you have further questions when filling out your application, please contact Emily Walker at 935-9571, ext. 3202 or email: [emily.walker@warnerhospital.org](mailto:emily.walker@warnerhospital.org).