

# WARNER HOSPITAL & HEALTH SERVICES FOUNDATION

## SCHOLARSHIP GRANT APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Email \_\_\_\_\_

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Father's Name

Annual Income \$10,000 & under  
\$10,001-\$15,000  
\$15,001-\$25,000  
\$25,001-\$50,000  
\$50,001 & over

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Mother's Name

Annual Income \$10,000 & under  
\$10,001-\$15,000  
\$15,001-\$25,000  
\$25,001-\$50,000  
\$50,001 & over

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Husband's Name

Annual Income \$10,000 & under  
\$10,001-\$15,000  
\$15,001-\$25,000  
\$25,001-\$50,000  
\$50,001 & over

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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.) \_\_\_\_\_

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Occupational goal: \_\_\_\_\_

Entrance application filed \_\_\_\_\_ Accepted \_\_\_\_\_  
Date 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 Emily Walker at Warner Hospital and Health Services, 422 W. White St., Clinton, Illinois, no later than April 1, 2026. **Email is preferred method to return applications at [emily.walker@warnerhospital.org](mailto:emily.walker@warnerhospital.org).**