

**GIBSON AREA HOSPITAL & HEALTH SERVICES
AUXILIARY HEALTH CAREERS SCHOLARSHIP
AND
ARTHUR AND ANE JENSEN NOLAND
FAMILY SCHOLARSHIP
AND
THE WILLIAM & VIOLA GARRETT SCHOLARSHIP
AND
DR. CRISTINA MEDRANO SCHOLARSHIP**

The Gibson Area Hospital & Health Services Auxiliary desires to assist deserving students to enter or to continue health-career training in the field of nursing. It is hoped that this will increase the availability of trained personnel in our hospital area. The following schools are included in this area: Blue Ridge, PBL, GCMS, Ridgeview, Fisher, and Prairie Central and other Ford County Schools.

The members of the GAH Auxiliary set forth the following specifications, policies and information:

1. The Auxiliary will pay a sum of money not to exceed one thousand five hundred dollars (\$1,500) -- \$750.00 at the start of the Fall Semester, and the remaining \$750.00 at the start of the Spring Semester to the winner of each scholarship. These funds are to be applied toward tuition, fees, room and board, books or uniforms. The Noland, Garrett, and Medrano Scholarships are for one thousand dollars (\$1,000) -- \$500.00 at the start of the Fall Semester, and the remaining \$500.00 at the start of the Spring Semester to the winner of each scholarship.
2. To be eligible, the applicant must meet the requirements of both the Health Careers Scholarship Committee and an Accredited School.
3. In order to qualify as an applicant, the following conditions must be met:
 - a) Applicant for the Auxiliary Health Career Scholarships (three to be given) must be a resident of the hospital service area and pursuing post high school study in nursing or x-ray technology.
 - b) The Noland Family Scholarship and the William & Viola Garrett Scholarship stipulates that the winner must be a resident of Ford County and/or a graduate of a Ford County high school and pursuing post high school study in a medical field.
 - c) Applicant must have a good scholastic standing.

- d) Applicant must enter school in the summer or fall of the year in which he or she has been selected.
 - e) Applicant must submit a high school/college transcript.
 - f) Applicant must submit at least two letter of reference – one personal and one from a teacher or counselor.
 - g) Applicant is to submit an application and brief profile, transcript, proof of acceptance as outlined on page five of the application.
 - h) Applicant must be enrolled in courses leading to a career in nursing or x-ray technology (Auxiliary Scholarships) or a medical field (Noland & Garrett and Medrano Scholarships).
4. Selection of the applicant will be made on the basis of:
- a) Information gained from the application and related materials submitted.
 - b) Applicant's need for financial assistance.
5. Within five years of graduation from school, it is hoped that the recipient will return to the Gibson Area Hospital & Health Services area to practice his or her health career profession, if a position is available.

If the applicant does not graduate, repayment of the total sum advanced must be made to the Auxiliary in a timely manner.

SIGNED AT:

_____, Illinois on _____, 2011

We agree to the foregoing stipulations:

(Applicant's Signature)

(Signature of Parent/Legal Guardian,
if applicant is under 21 years of age)

NOTE: Send application and documents by March 15, 2011 to:

Sue Walker
Auxiliary Scholarship Chairman
538 Hager Ct.
Gibson City, IL 60936

Gibson Area Hospital
Auxiliary Health Careers Scholarship
And
Arthur and Ane Jensen Noland
Family Scholarship Fund Trust
The William & Viola Garrett Scholarship Fund
The Cristina Medrano Scholarship
2011

SCHOLARSHIP APPLICATION

Please print or type. All blanks must be completed. Use NA where not applicable.

Personal Information

1. Full Name _____

2. Social Security Number _____

3. Present Address _____

Street

City

Zip

Telephone

Permanent Address _____

Street

City

Zip

Telephone

4. Birth Date _____ Marital Status _____

Spouse's Name _____

Dependents (age & relationship) _____

Educational Information

1 a. What is your professional goal? _____

b. What is your course of study? _____

Present academic level? _____

- c. What is your cumulative grade point average? _____
- 2 a. What school will you attend this Fall? _____
- b. Full or part-time _____
- c. Expected graduate date _____
- d. If part-time, specifically what else will you be doing? _____

- 3. Residence plans: Dormitory _____ Home _____ Other _____

- 4. List in chronological order all schools attended beyond elementary school, addresses and degrees or diplomas granted.

Name	Address	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 5. What honors (academic or otherwise) have you received and when?

Occupational Information

- 1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee?

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

RESOURCES (Estimated per academic year)		EXPENSES (per academic year)	
Parents	\$ _____	Tuition & Fees	\$ _____
Friends/relatives	_____	Room	_____
Personal savings	_____	Board	_____
Employment	_____	Books/supplies	_____
Loans	_____	Transportation	_____
Other (specify)	_____	Personal/other	_____
Scholarships,	_____		
Grants, etc.	_____		
1. Received	_____		
2. Applied for	_____		
TOTAL	\$ _____	TOTAL	\$ _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- 1) At least two letters of reference, selected from teacher, counselor employer, supervisor or clergy. Have letters sent to: Susan Walker, Auxiliary Scholarship Chairman, 538 Hager Ct., Gibson City, IL 60936
- 2) Profile of yourself, stressing factors relevant to your occupational choice and goals. Qualifications you feel you have to pursue your education for your chosen profession. Limit to one typewritten page.
- 3) An official high school and/or college transcript. To be sent directly as described in #1.
- 4) Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.

CONSENT FOR RELEASE OF INFORMATION

“I hereby consent to the release of any information in connection with the forgoing that in the sole judgment of the Gibson Area Hospital Auxiliary Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Gibson Area Hospital Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.”

Signature of Applicant _____

Date Completed _____

DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 15, 2011.

NOTIFICATION TO SCHOLARSHIP RECIPIENTS WILL BE MADE PRIOR TO APRIL 15, 2011.