



CMH FOUNDATION SCHOLARSHIP APPLICATION
238 South Congress
Rushville, IL 62681
217/322-4321

Which Scholarship Are You Applying For? Elmer Hugh Taylor Regina Erhardt Both

PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

EDUCATIONAL INFORMATION

High School Attended \_\_\_\_\_ GPA \_\_\_\_\_
College Attended \_\_\_\_\_ GPA \_\_\_\_\_

What school will you attend this fall? \_\_\_\_\_

What is your professional goal? \_\_\_\_\_

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

ACT or SAT score: \_\_\_\_\_ Date of Test: \_\_\_\_\_

OCCUPATIONAL INFORMATION

List current and/or former employers, beginning with the most recent:

Employer Job Title Dates
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have you been involved in any health related activities (for recreation, as a volunteer or as an employee)? \_\_\_\_\_

If so, please describe: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

CONFIDENTIAL INFORMATION

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

Do you contribute to the financial support of any other person(s) or have other financial obligations? If so, explain. (Example: current loans – amount and when due.)

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If your parents are the primary contributor to your support, list the number and ages of minor age siblings: \_\_\_\_\_

How many are in school: \_\_\_\_\_ How many are in college: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Occupation and approximate income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Occupation and approximate income: \_\_\_\_\_

Are you married? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

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

Occupation and approximate income: \_\_\_\_\_

Applicant's approximate income: \_\_\_\_\_

Are you receiving any other financial aid or scholarships this year? If yes, please describe.

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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	\$ _____	Personal & other	\$ _____
Total Resources	\$ _____	Total Expenses	\$ _____

1. As part of your application, please submit: at least two current letters of reference selected from teacher, counselor, employer, supervisor, or clergy. Have letters sent directly to: CMH Foundation Scholarship Committee, 238 South Congress Street, Rushville, IL 62681.
2. A profile of yourself, stressing factors relevant to your occupational choice and goals, qualifications you have to pursue your education for your chosen profession, limit to one typewritten page.
3. An official high school and/or college transcript. High school transcript only needed if the applicant is entering their freshman year or their first year of a hospital-based program. Transcripts need to be directly to CMH Foundation Scholarship Committee, 238 South Congress Street, Rushville, IL 62681.
4. An official proof of acceptance (if not currently enrolled) from the educational institution you will attend.
5. A copy of your completed FAFSA. (For high school students only)

### Consent for Release of Information

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Culbertson Memorial Hospital Foundation may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Culbertson Memorial Hospital Foundation 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 \_\_\_\_\_

The CMH Foundation Board of Directors may request a personal interview to be conducted at a regularly scheduled meeting.

**Send your completed application and all required documents to:**

**CMH Foundation, Attn: Scholarship Committee, 238 South Congress St., Rushville, IL 62681**

**This application must be received no later than April 13<sup>th</sup>, 2018 at 4pm.**

**Only scholarship recipients will be notified.**