



Carlinville Area Hospital Foundation Scholarship

Purpose and Goal

Carlinville Area Hospital Foundation is a not-for-profit companion corporation to Carlinville Area Hospital. The purpose of the Foundation is to help support the availability of primary and emergency health care services for those persons living in the service area. Our goal is to provide assistance in funding his or her education through scholarships to those interested in a career in the health field.

Eligibility

- A post high school adult that lives in our service area and is currently enrolled in college with a health career goal
- Or a post high school adult that lives in our current service area who is wanting to further their education in a health care program.

Application Requirements

To be considered for a Carlinville Area Hospital Foundation Scholarship, applicants must complete an application and return it to CAHF by April 1st. The application must include:

1. A completed application form. *Only completed application forms will be considered.*
2. A typed essay (500 words maximum) on what interested you in your field and why you should be considered for this scholarship and/or 3 minute video on what interested you in your field and why you should be considered for this scholarship.
3. Three letters of recommendation with at least one from a school official and/or employer.

All of the above items must be submitted before the application will be considered.

There are up to five scholarships offered and are annual scholarship awards. Potential candidates interested in applying need to fit the criteria above and have all paperwork submitted by April 1, 2023. All scholarships will be decided by a panel of individuals including Carlinville Area Hospital Foundation Board Members and Hospital Administration. The winners will be announced by June 1, 2023. Each Scholarship is up to \$5,000 and will be given directly to the awardee's institution. Eligible candidates may re-apply every year.

For full details and to apply for the Carlinville Area Hospital Foundation Scholarship, please visit www.cahcare.com or contact Jamie Bray, CAHF Executive Director, at jbray@cahcare.com or 217.854.3868.

Carlinville Area Hospital Foundation Scholarship

Personal Information

First Name _____ Last Name _____

Mailing Address _____

City/State/Zip _____

Phone No. _____ Email _____

Education

High School _____

Year of Graduation _____ G.P.A. _____

College/University _____

Year of Graduation _____ G.P.A. _____

Degree _____

College/University _____

Year of Graduation _____ G.P.A. _____

Degree _____

Certifications/Licenses _____

Volunteer Work _____

Employment History _____

What career path are you pursuing? _____

Signature of Applicant _____ Date _____

Rules and Guidelines

Amount of Award

The dollar value of your scholarship award will be stated on your offer letter. Your award will not pay for more than this amount. You must pay for all charges that exceed the stated dollar value of your scholarship and tuitions/fees related to courses that are not covered by your scholarship.

Disbursement of Your Scholarship

Your scholarship will be disbursed in two increments. In order to receive payment, you must have the school send to our Foundation Executive Director's office a completed Verification of Enrollment form, whereupon we will issue our check, payable to the school, and mail it directly to the school to establish a credit in the name of the student.

Administering of Scholarship

Award winners will be announced by June 1st of each year by a letter. The winners may also be published in the newspapers, social media and our website. Carlinville Area Hospital Foundation requires a photo of each winner for publication. The award becomes final when the student has completed the respective semester. All checks are paid directly to the school; under no circumstance can we make payment directly to the student. The scholarship monies may be used for tuition and fees, books and supplies.

If the semester is not completed for any reason, the unused balance of the scholarship **MUST** be returned directly to Carlinville Area Hospital Foundation. It may **NOT** be transferred to another school and it may **NOT** be paid to the student personally.

In our scholarship program, it is the responsibility of the student to follow up on all matters relating to his or her scholarship. In all correspondence relating to a student who has won a scholarship award, we must have the full name and Social Security number of the student.

Application requirements must be postmarked and mailed to the address shown below by the acceptance date April 1st.

Submit Applications to:
Carlinville Area Hospital Foundation
Scholarship Committee
20733 North Broad Street
Carlinville, Illinois 62626