KSB HOSPITAL
KATHERINE SHAW BETHEA HOSPITAL

SCHOLARSHIP APPLICATION

(Scholarship Deadline – March 15, 2021)

****APPLICATION MUST BE TYPED.****
All blanks must be completed. **Use NA where not applicable**. Please reference Scholarship Policy.

WHICH SCHOLARSHIP ARE YOU APPLYING FOR? PLEASE CHECK THE APPROPRIATE BOX. (Please check all scholarships that you are applying for).

☐ **Agnes Florence Memorial Employee Scholarship** **$1,000.00**
Given to a KSB employee accepted into school with the focus in a healthcare related field.

☐ **Sarah E. Richards, R.N. Memorial Scholarship** **$500.00**
Given to a student re-entering the workforce or pursuing a second career in nursing.

☐ **Donna Drew Memorial Nursing Scholarship** **$500.00**
Given to an area student pursuing their RN degree.

☐ **Martha Wilson Nursing Memorial Scholarship** **$500.00**
Martha graduated from KSB Hospital School of Nursing on a Friday in 1958. The following Monday she started work as the 3 to 11 charge nurse on the hospital's medical floor. Martha worked at KSB Hospital during her entire nursing career. She held the position of Staff Nurse, Assistant Head Nurse, Team Leader, House Supervisor, Inservice Coordinator, Assistant Director of Nursing, Assistant Administrator of Nursing, and after 41 years of service, she retired in 1999, as the Vice President of Nursing and Patient Care. Martha received her Bachelor of Science in Nursing degree from Northern Illinois University in 1978. This $500 scholarship will be given to a KSB employee who is currently employed as a C.N.A. pursuing their LPN or RN degree or to a KSB employee who is currently employed as a LPN pursuing their RN degree.

☐ **Chuck Faley Memorial Scholarship** **$500.00**
Given to a KSB employee accepted into school with the focus in a healthcare related field.

NOTE: If you are a high school senior, you may qualify for the KSB High School Healthcare Scholarship. Please review the Scholarship Program policy, complete the KSB HIGH SCHOOL HEALTHCARE SCHOLARSHIP form and return as noted if applicable.

PERSONAL INFORMATION

1. Full name

2. Present Address

Street

City ZIP Telephone

3. Permanent Address (if different) Street

City ZIP Telephone

EDUCATIONAL INFORMATION

1. What is your professional goal?

a. What program are you accepted for/enrolled in?

2. What school are you attending or planning to attend?

a. Full or part time?

If part time, why?

b. Number of completed semesters?

c. Cumulative grade point?

d. If you are a High School student, what is your cumulative High School grade point?

e. Expected graduation date

3. List in chronological order all schools attended beyond elementary school, city/state, and degrees or diplomas granted.

SCHOOL	CITY / STATE	DEGREE	DATES ATTENDED

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

5. List other sources of financial assistance applied for and/or received, i.e. grants, scholarships. Renewable or otherwise.

a. If you are a KSB employee, are you receiving KSB tuition assistance? ☐ YES ☐ NO

If so, how much?

OCCUPATIONAL INFORMATION

1. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

EMPLOYER	DUTY	DATES

CONFIDENTIAL INFORMATION

1. Are you claimed as a dependent by anyone else according to the IRS Regulations?
☐ YES ☐ NO **Complete only the information below that applies to your status.**

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

3. Spouse's place of employment (if applicable)

Company Address

a. Dependents (Age & Relationship)

4. Complete the following IF claimed as a dependent by your parents.

a. Father's name

b. Place of employment

Company Address

c. Mother's name

d. Place of employment

Company Address

e. Number & ages of siblings

f. How many in school? How many in college?

5. Below list anticipated expenses for the coming school year.

EXPENSES
(Per Academic Year)

Tuition & Fees

Room

Board

Books & Supplies

Transportation/Commute

Personal & other

TOTAL

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

1. Three (3) forms of scholarship recommendation to be submitted (**using the Scholarship Recommendation Form**):
   a. From an instructor or employer.
   b. A personal reference from non-family member.
   c. Reference of your choice

   RECOMMENDATION FORMS ARE SENT DIRECTLY TO:

   Marjie Lundquist
   Administration
   KSB Hospital
   403 East First Street
   Dixon, IL 61021
   Fax Number: (815) 285-5859
   Email: mlundquist@ksbhospital.com

   ***TO ENSURE THAT YOUR COMPLETED RECOMMENDATION FORMS HAVE BEEN RECEIVED BY KSB HOSPITAL, PLEASE FEEL FREE TO CALL (815) 285-5515.**

2. Profile of yourself, stressing factors relevant to your occupational choice, goals, and motivation for applying for this scholarship (financial reasons, potential employment opportunities, etc). Qualifications you feel you have to pursue your education for your chosen profession, limit to one typewritten page.

3. Official proof of acceptance 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 foregoing that in the sole judgment of KSB Hospital is of assistance in evaluation of my scholarship application. I hereby waive any confidentiality with respect to such information insofar as KSB Hospital 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:

Where did you find out about this scholarship?

- ☐ Facebook
- ☐ KSB Website
- ☐ Other:
- ☐ Newspaper
- ☐ The OC

All applicants will be notified during the month of April.

R01/28/2021mll

Please use this page for your essay. Profile of yourself, stressing factors relevant to your occupations choice, goals and motivation for applying for this scholarship (financial reasons, potential employment opportunities, etc.) Qualifications you feel you have to pursue your education for your chosen profession, limit to one typewritten page.