

KSB High School Healthcare Scholarship Application

(Scholarship Deadline -March 15, 2024)

APPLICATION MUST BE TYPED.

All blanks must be completed. Use NA where not applicable. Please reference Scholarship Policy.

PERSONAL INFORMATION

	Please circle one.	Ashton/Franklin Center
		Dixon
		Faith Christian
		Oregon
		Polo
		Sterling Newman
2	Full name	

2. Full name

1.

3. Present Address

Street

City ZIP Telephone

EDUCATIONAL INFORMATION

1. What is your professional goal?

2.	What program are you accepted for/enrolled in?						
	What school will you attend this fall?						
	Full or Part Time?						
	Cumulative High School grade point?						
	Expected graduation date						
3.	Residence plans:	☐ Dormitory		Home			
		☐ Other (Speci	cify)				
4.	What high school honors (academ	ic or otherwise) h	have you i	received	and when?)	
5.	List other sources of financial scholarships. Renewable or other		plied for	and/or	received,	i.e.	grants,

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? (Please highlight any volunteer activities.)			
2.	List all jobs you have held (dates, em were full or part-time. Also, please inc			
	EMPLOYER	DUTY	DATES	
CON	IFIDENTIAL INFORMATION			
1.	Do you contribute to the support of an If so, explain. (Example: current loan		ancial obligations?	
2.	Complete the following IF claimed as a	a dependent by your parents.		
a.	Applicants Father's name			
	•			
b.	Place of employment	Company	Address	
c.	Applicants Mother's name			
d.	Place of employment			
		Company	Address	

- e. Number & ages of siblings
- f. How many in school?

How many in college?

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

EXPENSES (Per Academic Year)

Tuition & Fees

Room

Board

Books & Supplies

Transportation

Personal & other

TOTAL

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

1. THREE (3) RECOMMENDATIONS (**USING THE <u>KSB SCHOLARSHIP RECOMMENDATION</u> FORM**): i.e. TEACHER, COUNSELOR, EMPLOYER, SUPERVISOR, OR CLERGY. RECOMMENDATION FORMS ARE SENT DIRECTLY TO:

Abby Martin Administration KSB Hospital 403 East First Street Dixon, IL 61021

Fax Number: (815) 285-5885 Email: amartin@ksbhospital.com

*TO ENSURE THAT YOUR COMPLETED RECOMMENDATION FORMS HAVE BEEN RECEIVED BY KSB HOSPITAL, PLEASE FEEL FREE TO CALL (815) 285-5501.

- 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. INCLUDE YOUR CURRENT HIGH SCHOOL TRANSCRIPT AND GRADES.

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 be 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 Newspaper KSB Website The OC Other:

All applicants will be notified during the month of April.

R01/25/24 am

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.