



TO: Volunteer Guild Scholarship Applicants

FROM: Sarah Bush Lincoln Health System Volunteer Guild
Scholarship Committee

RE: **Volunteer Guild Scholarship 2021 Application**

Attached is the 2021 Volunteer Guild Scholarship Application. Please read and complete the application and return pages 2 thru 5 to the address shown below. Please keep page one of the application instructions for your reference.

This year the Sarah Bush Lincoln Health System Guild Scholarship Committee is including application forms for three scholarships. Only one application form needs to be completed in order to be considered for the three scholarships.

1. Guild Scholarship
2. Dr. C. D. Swickard Scholarship
3. Vasudeo Shripad Joag Scholarship Program

Be sure to follow all directions carefully and supply all information requested. **Incomplete applications will not be considered.**

Please feel free to make as many copies of the forms as you need.

Applications and references must be received by or postmarked no later than April 15, 2021 at the following:

Guild Scholarship Committee
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon, IL 61938
(217) 258-2500

**SARAH BUSH LINCOLN HEALTH SYSTEM GUILD SCHOLARSHIP
APPLICATION INSTRUCTIONS**

Please read carefully the information given below:

I. Eligibility for Scholarship:

1. Any person accepted into or currently enrolled in a clinical health care professional curriculum is eligible. Preference will be given to students who have been accepted in a health care profession sequence; that is, when courses are open only to student candidates for the degree or certification.
2. Applicants enrolled in an associate degree or hospital-based program will be considered their first year.
3. Applicants must be a permanent resident of the SBL 10-county service area. The 10-county service area includes: Coles, Clark, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby counties.
4. The school to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program by the appropriate agencies.
5. In order to be competitive, a 3.5 GPA out of 4 points or a 4.5 GPA out of 5 points is desirable.

II. Facts Pertaining to Scholarship:

1. SBLHS Guild scholarships are given on an academic year (4 quarters or 2 semesters), based on a student's scholastic achievement, financial need and the availability of funds.
2. If a recipient drops out of school while the award is in effect, funds must be returned commensurate with the school year remaining. For example, for one-half of the academic year, one-half of the award must be repaid.
3. Selection of recipients is made in May. All applicants will be notified of the committee's selection.
4. A change in status from full-time to part-time within the same school year will render the recipient ineligible to receive a scholarship award.

III. Applicant's Responsibilities:

1. Direct questions and all documents to Guild Scholarship Committee, Sarah Bush Lincoln Health Center, 1000 Health Center Drive, P.O. Box 372, Mattoon, IL 61938.
2. **Completed application and references must be received or postmarked by April 15, 2021**
3. Questions may also be directed to the Sarah Bush Lincoln Volunteer Services/Guild office at 217-258-2500 or by e-mailing volunteerservices@sblhs.org.

LEGAL CONSIDERATIONS

Due to changes resulting from the Tax Reform Act of 1986, scholarship funds no longer are considered exempt from income tax for recipients. If the funds are used only for tuition and books at an accredited technical or vocational program, the recipient is not liable for additional income tax.

Under any other circumstances, the scholarship is treated as income to the recipient. In employee benefit tuition reimbursement program, the funds are treated as taxable income.

Due to changes resulting from the Tax Reform Act of 1986, any funds received from the Sarah Bush Lincoln Health System Guild will be paid directly to your educational institution.

Scholarship Application

Please print or type. All blanks must be completed. Use *N/A* where not applicable.

Personal Information:

1. Full Name _____
- 2a. Present Address _____
Street _____
City _____ State _____ Zip _____
Telephone _____ E-mail Address _____
- 2b. Permanent Address _____
Street _____
City _____ State _____ Zip _____
Telephone _____ E-mail Address _____
3. Birth Date _____
- 4a. Marital Status _____ 4b. Spouse's Name _____
- 4c. Dependents, if applicable (age and relationship)

Educational Information:

- 1a. What is your health professional goal?

- 1b. What is your health-related course of study? _____
Academic level as of August 2021 _____
- 1c. What is your cumulative grade point average? _____
- 2a. What school will you attend this fall?
School Name: _____
School Address: _____
- 2b. Full or part-time? (Check one) Full-time Part-time
- 2c. Expected *graduation date* from school listed above: _____
- 2d. If part-time, how many semester hours will you be taking?

Educational Information Cont.:

3. Residence plans: (Check one) Dormitory Home Other

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

Name	Address	Degree/Year Graduated
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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? (Please highlight any volunteer activities.)

2. 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	Job Title / Duty	Dates From / To
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3. If you are not currently in school, how have you been occupied since leaving school?

Confidential Information: If you are claimed as a dependent on your parent's income taxes, please fill out questions 1a-2e. If not AND are married, skip to section 3a. If not a dependent OR not married, skip to section 4a. After completing applicable section, continue onto sections 5 AND 6.

- 1a. Father's Name _____
- 1b. Place of Employment _____

Company	Address
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- 1c. Occupation & Approximate Income _____ \$ _____
- 2a. Mother's Name _____
- 2b. Place of Employment _____

Company	Address
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- 2c. Occupation & Approximate Income _____ \$ _____
- 2d. Number & ages of Siblings _____
- 2e. How many are in school? _____ How many are in college? _____
- 3a. Spouse's Place of Employment _____

Company	Address
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- 3b. Spouse's Occupation & Approximate Income _____ \$ _____
- 4a. Applicant's Occupation & Approximate Income _____ \$ _____
- 4b. Number & ages children, if applicable _____
- 4c. How Many in School? _____ How many are in college? _____
- 5. Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: Current loans - amount and when due.)

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

EXPECTED FINANCIAL RESOURCES TO BE APPLIED TO EDUCATIONAL EXPENSES
(Estimated per academic year)

EDUCATIONAL EXPENSES-(Per academic year)
 Please do not include housing expenses.

Family (Parents or Spouse) \$ _____
 Personal Contribution \$ _____
 Employment \$ _____
 Loans \$ _____
 Scholarships or Grants Received \$ _____
 Other (Specify) _____ \$ _____

Tuition & Fees \$ _____
 Books \$ _____
TOTAL EXPENSES \$ _____

TOTAL FINANCIAL SUPPORT \$ _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

- 1. At least two current letters of reference selected from teacher, counselor, employer, supervisor or clergy.**
- 2. Profile of yourself, stressing factors relevant to your occupational choice and goals. Qualification 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 (High school transcript needed only if you are entering freshman year). Transcripts from the internet WILL NOT be accepted. The records may be sent directly to: Sarah Bush Lincoln Guild, 1000 Health Center Drive, Mattoon, IL 61938**
- 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 foregoing that in the sole judgement of the Sarah Bush Lincoln Health System Guild Scholarship Committee may be of assistance in evaluating my Scholarship application. I hereby waive any confidentiality with respect to such information, since it is my understanding that the information will be used solely for the evaluation of my Scholarship and for no other purpose."

Signature of Applicant: _____

Date completed: _____