



HSHS ST. FRANCIS HOSPITAL AUXILIARY MEMORIAL SCHOLARSHIP  
FOR CONTINUING MEDICAL EDUCATION

The HSHS St. Francis Hospital Auxiliary invites you to apply for the Continuing Medical Education Scholarship. Three \$1,000 scholarships will be awarded to applicants who have completed one year of college and who are pursuing degrees or diplomas in health-related occupations. Each scholarship award will be sent directly to the recipient's school to be applied to tuition, books, fees, and room and board. One of the three scholarships will be awarded with consideration to the student's financial need. To be considered for the need-based scholarship, please submit a copy of your FAFSA award letter.

This scholarship is available to the following post-secondary students:

- Those who are currently enrolled and have completed, or are completing, at least one year in an accredited school of his/her choice with the intent of receiving a degree or diploma in a health-related occupation. High School Dual Credits do not qualify for the one year completion requirement.
- Those whose primary residence is in either Montgomery or Macoupin County--the counties served by HSHS St. Francis Hospital.
- Those whose completed applications are received by April 30.

- - -

GUIDELINES FOR APPLICATION

- Submit an essay with maximum 500 words explaining "Why I Have Chosen (*your particular field of health occupation*) as a Career."
- Attach two CURRENT letters of recommendation. At least one letter must be from an educator at the institution you presently attend.
- Attach your most recent academic transcript.
- **Submit a copy of your FAFSA award letter if you wish to be considered for the scholarship based on financial need.**

A personal interview with the scholarships committee is required. A member of the committee will contact you with time and date. All applicants will be advised of the scholarship committee's decision. Formal announcement and presentation will be made at the HSHS St. Francis Hospital Auxiliary General Meeting in June.

- - -

*I have read and I acknowledge the requirements for the scholarship. I have completed all requirements of the scholarship application.*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

Return information to: ATTENTION: Scholarship Committee  
Continuing Medical Education Scholarship  
HSHS St. Francis Hospital Auxiliary, P. O. Box 1215, Litchfield, IL 62056