

Rockford Health Careers Foundation



Scholarship Criteria:

Student must be enrolled in one of the following programs:

- Rock Valley College Nursing Program
- Rock Valley College Respiratory Therapy Program
- Rock Valley College School of Dental Hygiene
- Rockford University School of Nursing
- MercyHealth School of Radiography
- Saint Anthony College of Nursing
- Swedish American School of Radiography
- University of Illinois College of Medicine---Rockford
- University of Illinois College of Pharmacy---Rockford
- University of Illinois --- College of Nursing

Rockford Health Careers Foundation
6991 Redansa Drive
Rockford, IL 61108
Phone: 815.395.9267
www.wcmsa.org

Scholarships are for your NEXT academic year.
You must be entering the second, third or fourth year of your program in the fall.

Application must be complete and either typed or computer generated.

You are required to attach:

- Most recent transcript or equivalent (unofficial)
- Complete financial information as specified on application
- A signed recommendation from a faculty member in your program

It is to the student's advantage to give complete and accurate answers to all questions.
The student's application will be held in confidence.

Checks will be mailed directly to the scholarship recipients' schools.

Applications must be **postmarked by January 31st**, and sent to:

**Rockford Health Careers Foundation
c/o Winnebago County Medical Society Alliance
6991 Redansa Drive
Rockford, IL 61108**

Scholarships are awarded for the fall semester. Graduating seniors are not eligible

Any questions, please call the Winnebago County Medical Society office at **815.395.9267**

- Completed & Signed Application
- Financial Aid Information
- IRS 1040 Form
- Signed Recommendation
- 500 Word Essay
- Program Transcript

Applicant's Signature

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Scholarship Application

Date:
Date of Birth:

Full Name:
Program attending:

Permanent Address:
Program Major:

City/State:
Date of first enrollment in current program/college:

Zip Code:
Enrollment Status (full or part-time):

Home Phone:
Expected date of graduation:

Cell Phone:
Length of program:

Current Address:
Email Address:

City/State:
Zip Code:

Education			
Type of School	Name of School	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College, Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History - last four years (most recent first)

Name of Employer:

Duties:

Dates of employment: From: To: Hours per week:

Name of Employer:

Duties:

Dates of employment: From: To: Hours per week:

Name of Employer:

Duties:

Dates of employment: From: To: Hours per week:

Name of Employer:

Duties:

Dates of employment: From: To: Hours per week:

Financial Information (please attach)

1. A complete copy of your most recent filed tax return.
2. If you are a dependent and undergraduate, please attach a complete copy of your parent's 1040 form.
3. If you are using your tax return, please enclose a complete copy of the 1040 form.
4. If married and filing separately, a complete copy of spouse's tax return is required.
5. **A complete copy of your tax return is:** Form 1040, Schedules A, B, C, D and E.

Yearly Tuition Costs:

Total of other financial resources:

Indicate any unusual demands which will be made upon your financial resources during the next year:

Activities

List school or community organizations in which you have participated. Include organization name, dates and position(s) held.

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Your Plans for the future:

In 500 words or less, describe yourself, your aims and your goals for the future. What course of study do you intend to pursue? Why did you choose this particular field? Include any comments which you feel will assist the committee in its decision.