



**HILLSBORO HEALTH AUXILIARY
SCHOLARSHIP/GRANT COMMITTEE POLICIES
2025**

The Scholarship and Grant Program of the Hillsboro Health Auxiliary is designed to give financial aid to persons who will train in the healthcare field. The Auxiliary administers two separate awards to serve this purpose: the Mae Seward Sorrells Nursing Scholarship (for graduating high school seniors) and the Montgomery County Health Improvement Scholarship (for those who have completed their first or second year in a college nursing program).

The Montgomery County Health Improvement Scholarship

I. PURPOSE

- A. The Montgomery County Health Improvement Scholarship is to promote the education of persons desiring to train for a **nursing career**.
- B. The award is to encourage nursing students to seek a position at Hillsboro Health upon completion of training.

II. ELIGIBILITY

- A. Students **must have successfully completed their first or second year** in an accredited **nursing program**.
- B. For one year prior to date of application, the student must be a resident of Montgomery County or currently employed at Hillsboro Health.
- C. The student must be in need of financial assistance.
- D. The student must be recommended by the Scholarship Committee of the Hillsboro Health Auxiliary to the Executive Board of the Auxiliary.

III. AMOUNT OF SCHOLARSHIP

- A. The Montgomery County Health Improvement Scholarship will pay Six Hundred dollars (\$600.00). **The student will be required to provide the Hillsboro Health Auxiliary with a copy of his/her class schedule prior to receiving this award.**

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- B. Partial scholarships may be granted based on the student's need and the availability of funds.
- C. One (1) Montgomery County Health Improvement Scholarship will be awarded each year.

IV. POLICY

- A. If the student withdraws from the nurse training program prior to the completion of his/her training, the following applies:
 - 1. The student relinquishes his/her claim to any remaining scholarship money.
 - 2. If withdrawal occurs before the tuition deadline, and the student is entitled to a tuition refund, said refund of the scholarship is to be returned in full to the Hillsboro Health Auxiliary.
 - 3. The total amount of scholarship money awarded is to be repaid to the Hillsboro Health Auxiliary in the order it was received by the student.
- B. The scholarship recipient, as a condition of receiving the scholarship, agrees to apply for a position at Hillsboro Health upon completion of schooling and licensure. It is understood that the applicant may not be accepted by Hillsboro Health and that the scholarship recipient is not required to accept employment if offered.
- C. The student is required to notify the Human Resources Department at Hillsboro Health (217-532-4323) of his/her graduation date at least three months prior to graduation.



HILLSBORO HEALTH AUXILIARY
2025 SCHOLARSHIP AND GRANT APPLICATION

DATE: _____

NAME _____ S.S.# _____
First Middle Initial Last

ADDRESS _____ BIRTHDATE _____

PHONE NUMBER _____ DAYS _____ EVENINGS

EMPLOYMENT RECORD _____

MARITAL STATUS _____ NAME OF SPOUSE (if applicable) _____

SPOUSE'S OCCUPATION _____

NAME & ADDRESS OF SPOUSE'S EMPLOYER _____

IF UNMARRIED,

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

LIST ANY DEPENDENT SIBLINGS AND/OR CHILDREN. GIVE NAME AND AGE OF EACH. IF EMPLOYED, STATE EMPLOYER AND WHETHER FULL (F) OR PART (P) TIME.

NAME AGE EMPLOYER F OR P

NAME AGE EMPLOYER F OR P

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LIST ALL OTHER SCHOLARSHIPS YOU HAVE APPLIED FOR: _____

HAVE ANY OF THESE BEEN AWARDED TO YOU? ____ IF SO, GIVE NAME & AMOUNT:

LIST ANY FINANCIAL AID (GRANTS, LOANS) YOU WILL BE RECEIVING AND AMOUNTS:

WHERE HAVE YOU BEEN ACCEPTED AND PLAN TO ATTEND? _____

WHAT DEGREE (OR DIPLOMA) WILL YOU WORK TOWARD? _____

IT IS IMPERATIVE THAT THE FOLLOWING INSTRUCTIONS BE FOLLOWED EXACTLY AS STATED OR YOU MAY BE DENIED THE REQUIRED PERSONAL INTERVIEW WHICH WILL DISQUALIFY YOU FOR THE SCHOLARSHIP.

Along with the questionnaire, your completed application should include the following:

1. Two (2) letters of reference from your clergyman, physician, teacher, counselor, or employer (not a relative or classmate).
2. Official transcript of your grades from all schools you have attended and are currently attending.
3. A photograph of yourself.
4. On a separate sheet of paper, include an essay of your high school experience, or if a graduate, your most recent work-related experience, your present activities, and why you are interested in a healthcare career.
5. Upon completion of the application, **qualified applicants** will receive an invitation to a **personal interview** with the Hillsboro Health Auxiliary Scholarship Committee.

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6. The applicant, along with parent(s), guardian, or other responsible individual, (unless applicant is an adult), is required to sign scholarship/grant agreement outlining terms and conditions of scholarship.

ATTACH YOUR APPLICATION FORM AND ALL SHEETS INCLUDING NUMBERS 1-4 FROM THE PREVIOUS PAGE. **MAIL OR DELIVER ALL DOCUMENTS IN ONE ENVELOPE BY MONDAY, APRIL 14, 2025 to:**

Sarah Waggoner
Hillsboro Health
1200 E. Tremont St.
Hillsboro, IL 62049

QUESTIONS CONCERNING THE ABOVE MAY BE DIRECTED TO:
Sarah Waggoner at 217-532-4187

_____ SIGNATURE OF APPLICANT	_____ DATE
_____ SIGNATURE OF PARENT OR GUARDIAN (UNLESS APPLICANT IS AN ADULT)	_____ DATE

**DEADLINE FOR COMPLETED APPLICATION:
APRIL 14, 2025**

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