



**SCHOLARSHIP APPLICATION - 2009
National Image, Inc., Central IL Chapter**

Sangamon County Community Foundation

One West Old State Capitol Plaza, Suite 816
Springfield, IL 62701
Telephone: 217-789-4431

Application Deadline: March 16th

Amount: \$1,000

Criteria – To be eligible to apply for the scholarship, the applicant must:

- Currently reside in Central Illinois
- Attend an institution in the coming fall as a full-time student
- Be pursuing a valid and accredited degree at an institution within Sangamon County in one of the following medical professions: doctor, nursing, emergency medical services, occupational therapy, radiography, x-ray technology, respiratory care program, electroneurodiagnostic technology, dentistry, veterinary science, nutrition science
- Be of Latino background (one parent must be full Latino or both parents must be at least half Latino)
- Have a minimum grade point average of 2.0 on a non-weighted 4.0 scale

THIS SCHOLARSHIP IS RENEWABLE, for up to two consecutive years of schooling.

However, the Scholarship Recipient must

(1) continue in the following school year as a full-time student,

(2) maintain a GPA of 2.0 on a non-weighted 4.0 scale, and (3) submit an Application for Renewal

Applicant Information

Applicant's Full Name: _____
Last First M.I.

Address: _____ Phone: _____

City: _____ Zip code: _____ Cell Phone: _____

E-Mail Address _____ Birthdate: ___ / ___ / ___ Male ___ Female ___

School You Plan to Attend

Name _____ City & State _____

4 Yr. College/University 2 Yr. Community College Vocational-Technical School Other

Year in post-secondary program next school year: 1 2 3 4 5 Anticipated Date of Graduation: _____

Have you been accepted into this school? Yes No Major or course of study: _____

Will you be a full-time student both Fall and Spring semesters? Yes No

Degree or certification you plan to achieve: _____

Career you intend to pursue: _____

A complete application must include the following documents:

- Fully completed and signed application, completed in English (*please print or type*), including Personal Essay
- Official transcript of your high school record (and college record, if applicable) computed on a non-weighted 4.0 scale

Return completed application to: Sangamon County Community Foundation at the address shown above

The application must be delivered to SCCF or postmarked by March 16th.

*Incomplete applications will NOT be considered
All information submitted will be kept confidential.*

Awards/Honors – Briefly state any awards or honors you have received in high school:

Award or Honor	By Whom Given

Community Activity - List and describe your involvement in activities (e.g. Boys & Girls Club, 4-H, church activities) – use additional page if needed:

Activity / Office Held	No. of Years

Work Experience – Describe your work experience during the past four years - use additional page if needed.

Company & Position	Dates of Employment		Number of Hours per Week
	From (Mo/Yr)	To (Mo/Yr)	

Unusual Circumstances - Please briefly describe any unusual family or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities. Use additional page if needed

Miscellaneous - List any other information you believe should be considered by the Selection Committee - use additional page if needed.

How did you hear about this Scholarship?

References - *Please list two people who we might contact as a reference:*

- **a current teacher or high school administrator**

Name of your reference _____ Phone No. _____

- **adult community member (non-relative and non-school affiliated) regarding your community involvement**

Name of your reference _____ Phone No. _____

Personal Essay - Please submit a typed essay of 2 pages or less (in English) in which you answer the following:

1. Why do you believe it is important for more Latinos/Latinas to enter a healthcare profession?
2. Give examples from your past to explain your point of view as expressed in #1. above.
3. Discuss how your future plans after graduation will help fulfill this need.
4. Comment on how this scholarship would affect you personally.

Evaluation will include proper spelling, grammar, and punctuation.

Certification

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Parent's (or Guardian's) Signature _____ Date _____

Parent's (or Guardian's) Signature _____ Date _____

Applicant's Signature _____ Date _____

The Scholarship recipients will be notified by mail no later than May 1st.

The recipients will also be posted on our website at www.sccf.us.