



## 2024 MEDICAL STAFF SCHOLARSHIP REQUIREMENTS

1. Type or print in ink on the attached application.
2. Submit copies of your high school and/or college transcripts and current federal income tax return.
3. Submit a letter stating why you wish to receive the Anderson Hospital Medical Staff Scholarship and how you plan to use the funds.
4. Submit a copy of your acceptance into a **health occupational program** from the college of your choice.
5. GRADE POINT AVERAGE REQUIREMENT – minimum of 3.0 on a 4.0 grading system.
6. Mail all of the above by **June 3, 2024\*** to:

***Robin Zobrist, Medical Staff Manager  
Anderson Hospital  
Medical Staff Office  
6800 State Route 162  
Maryville, IL 62062***

***\*Unless all of the above requirements are received by this date, your application will not be considered for the scholarship.***

**ANDERSON HOSPITAL MEDICAL STAFF SCHOLARSHIP  
POLICIES OF THE SCHOLARSHIP AWARDS COMMITTEE**

1. At least three students will be selected for a \$1,000.00 scholarship to be applied toward educational expenses (tuition, books, and fees).

The selected students must:

- ✓ be legal residents of the State of Illinois
- ✓ reside in either Madison County or St. Clair County

*\*\* Note: the college to be attended need not be an Illinois institution; however, must be accredited.*

2. To be eligible for consideration, students **must be enrolled at least half time, in a health occupational program at an accredited college or university.**

*\*\* Note: if not enrolled in a health occupational program, application will not be considered.*

3. Applicants must provide proof of acceptance into a program preparing them for a health-related occupation and/or completion of a health-related degree.
4. The Executive Committee of the Anderson Hospital Medical Staff will make student selections annually. Before previous winners are considered for another award, a check of remaining funds should be made to ascertain the balance at the college, and the need of money to complete the program.
5. All information provided will be held strictly confidential.

**Parental Information (if applicable)**

Parents' or Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_

- Do you live with your parents for more than two weeks a year?       Yes       No  
Do you receive at least \$600 per year in cash or kind from them?       Yes       No  
Were you listed as an income tax exemption by your parent(s) last year?       Yes       No

Father's Employer      \_\_\_\_\_

Business Address      \_\_\_\_\_

Mother's Employer      \_\_\_\_\_

Business Address      \_\_\_\_\_

Parents Total Yearly Income (Gross)      \_\_\_\_\_

Total number of dependents in parents' family (including self)      \_\_\_\_\_

Total number of dependents in parents' family in college (including self)      \_\_\_\_\_

I certify that the statements and information are true and accurate to the best of my knowledge. I understand that any false or incomplete information could result in my not being considered for this award. I also understand that my rights of privacy will not be abused and that this award is not based on sex, race, color, religion or national origin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ANDERSON HOSPITAL MEDICAL STAFF SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Applicant Information**

Number of dependents to applicant's family (including self) \_\_\_\_\_

Number of dependents to applicant's family in college (including self) \_\_\_\_\_

Applicant's place of employment \_\_\_\_\_

Business Address: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

If currently married, spouse's name: \_\_\_\_\_

Spouse's place of employment: \_\_\_\_\_

Business Address: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Source and amount of non-taxable Income: \_\_\_\_\_

Citizenship: U.S. \_\_\_\_\_ Other: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_

Expected College Graduation Date: \_\_\_\_\_

Overall G.P.A. \_\_\_\_\_ College Major: \_\_\_\_\_

List all activities and awards you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all financial aid or scholarship assistance you have applied for, have received, or expect to receive during 2024:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Anderson Hospital Medical Staff Scholarship?

\_\_\_\_\_  
\_\_\_\_\_