

Sarah D. Culbertson Memorial Hospital Employee Scholarship Application

All information submitted is confidential and will only be reviewed by members of the Sarah D. Culbertson Memorial Hospital Medical Staff, the CMH Foundation, and the selection committee. If selected as a winner, basic information may be used by consent for publicity purposes (name, hometown, school and course of study, etc). Please print or type. Use N/A where not applicable.

Personal Information:

A. Full Name:

Last	First	Middle Initial
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B. Present Address:

Street	City	State	Zip
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C. Phone Number: _____

D. How long have you been employed at Sarah D. Culbertson Memorial Hospital?

E. If you are related to any member of the Sarah D. Culbertson Memorial Hospital Medical Staff, or to any officer/director of Sarah D. Culbertson Memorial Hospital or its Foundation, please provide his/her name(s). _____

Please provide the following:

- A. A letter of recommendation from your Department Manager, HR, and your Executive leader.
- B. An essay describing why you have chosen to further your education in healthcare and how you believe continuing your education will impact Sarah D. Culbertson Memorial Hospital.
- C. Information regarding any honors, publications, research, or other accomplishments.
- D. Official proof of acceptance or enrollment in your appropriate school and expected completion date.
- E. Three letters of reference from professors/instructors, fellow students, or current Sarah D. Culbertson Memorial Hospital employees, sent directly to: CMH Foundation, 238 South Congress Street, Rushville, IL 62681

Consent for Release of Information

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Culbertson Memorial Hospital Foundation may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Culbertson Memorial Hospital Foundation is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for a scholarship and for no other purpose."

Signature of Applicant _____

Date Completed _____

Acknowledgment of Work Obligation

"I hereby acknowledge that acceptance of the scholarship will require an obligation to work at Sarah D. Culbertson Memorial Hospital. If for any reason I discontinue schooling, decide not to accept employment with Sarah D. Culbertson Memorial Hospital, or terminate employment before the required work commitment is met, the entire scholarship amount shall become payable to the CMH Foundation immediately. The amount owed will include a 9% interest fee, as well as a \$1,000 penalty fee."

Signature of Applicant _____

Date Completed _____

Send your completed application and all required documents to:

**CMH Foundation, Attn: Scholarship Committee, 238 South Congress St.,
Rushville, IL 62681**