



**FUTURE OF CULBERTSON  
SCHOLARSHIP APPLICATION**  
238 South Congress  
Rushville, IL 62681  
217/322-4321

### **PERSONAL INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

### **EDUCATIONAL INFORMATION**

High School Attended \_\_\_\_\_ GPA \_\_\_\_\_

College Attended \_\_\_\_\_ GPA \_\_\_\_\_

What is your professional goal? \_\_\_\_\_

What honors (academic or otherwise) have you received and when?

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### **OCCUPATIONAL INFORMATION**

List current and/or former employers, beginning with the most recent:

Employer	Job Title	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been involved in any health-related activities (for recreation, as a volunteer or as an employee)? If so, please describe: \_\_\_\_\_

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## **CONFIDENTIAL INFORMATION**

Who is the primary contributor to your support? \_\_\_\_\_

Do you contribute to the financial support of any other person(s) or have other financial obligations? If so, explain. (Example: current loans – amount and when due.)

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Are you married? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Occupation and approximate income: \_\_\_\_\_

Are you receiving any other financial aid or scholarships this year? If yes, please describe.

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Below, list your resources and anticipated expenses for the coming school year.

### RESOURCES (Estimated per academic year)

Parents	\$ _____
Friends & relatives	\$ _____
Personal Savings	\$ _____
Employment	\$ _____
Loans	\$ _____
Other	\$ _____

Total Resources      \$ \_\_\_\_\_

### EXPENSES (per academic year)

Tuition & fees	\$ _____
Room	\$ _____
Board	\$ _____
Books & supplies	\$ _____
Transportation	\$ _____
Personal & other	\$ _____

Total Expenses      \$ \_\_\_\_\_

1. As part of your application, please submit at least three current letters of reference selected from teacher, counselor, employer, supervisor, or clergy. Have letters sent directly to: CMH Foundation Scholarship Committee, 238 South Congress Street, Rushville, IL 62681.
2. A profile of yourself, stressing factors relevant to your occupational choice and goals, qualifications you have to pursue your education for your chosen profession, and why you would like to work for Sarah D. Culbertson Memorial Hospital.
3. An official college transcript. Transcripts need to be directly to CMH Foundation Scholarship Committee, 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**

**This application must be received no later than May 01, 2023, at 4pm.**