

CMH FOUNDATION SCHOLARSHIP APPLICATION 238 South Congress Rushville, IL 62681 217/322-4321

Which Scholarship Are You App	lying For? Elme	r Hugh Taylor	Regina Erh	nardt	
PERSONAL INFORMATION					
Name		Date			
Address		City		State	
Phone #	Date of Bir	:h	SS#		
EDUCATIONAL INFORMATI	<u>ON</u>				
High School Attended		GPA			
College Attended		GPA _			
What school will you attend the	his fall?				
What is your professional goa	al?				
What honors (academic or ot	herwise) have you	received and	d when?		
ACT or SAT score:	_ Date of Test:				
OCCUPATIONAL INFORMA	TION				
List current and/or former em	plovers, beginning	a with the mos	st recent:		
Employer	Job Title		Date	es	
Have you been involved in an employee)?	ny health related a	ctivities (for re	ecreation, as	a volunteer or as a	IN
If so, please describe:					

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 obligat	ions? If
so, explain. (Example: current loans – amount and when due.)	

If your parents are the primary contributor to your support, list the number and ages of minor age siblings: _____

How many are in school: How many are in college:
Father's Name:
Place of Employment:
Address:
Occupation and approximate income:
Mother's Name:
Place of employment:
Address:
Occupation and approximate income:

Applicant's approximate income:

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

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

RESOURCES (Estimated per academic year) EXPENSES (per academic year)

Parents	\$ Tuition & fees	\$
Friends & relatives	\$ Room	\$
Personal Savings	\$ Board	\$
Employment	\$ Books & supplies	\$
Loans	\$ Transportation	\$
Other	\$ Personal & other	\$
Total Resources	\$ Total Expenses	\$

- 1. As part of your application, please submit: at least two 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, limit to one typewritten page.
- 3. An official high school and/or college transcript. High school transcript only needed if the applicant is entering their freshman year or their first year of a hospital-based program. Transcripts need to be directly to CMH Foundation Scholarship Committee, 238 South Congress Street, Rushville, IL 62681.
- 4. An official proof of acceptance (if not currently enrolled) from the educational institution you will attend.
- 5. FAFSA Expected Family Contribution. (For high school students only)

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 scholarship and for no other purpose."

Signature of Applicant

Date Completed

The CMH Foundation Board of Directors may request a personal interview to be conducted at a regularly scheduled meeting.

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 April 4, 2025 at 4pm.

Only scholarship recipients will be notified.