

THE THOMAS DIXON MEMORIAL SCHOLARSHIP

APPLICATION FORM

NOTE: The completed application form (attached) must be returned to the Kirby Medical Center information desk by April 2, 2012. The applicant also needs to include the following:

- a. two letters of reference, one personal and one from a teacher or guidance counselor,**
- b. proof of acceptance (if not currently enrolled) from an educational institution,**
- c. high school and/or college transcript, and**
- d. available aptitude and achievement tests.**

This scholarship, given by the Kirby Auxiliary, is to be applied toward tuition fees, board and room, or books. It will be given to a qualified student of Piatt County, Illinois, who is pursuing a field of study in health careers. Any student currently enrolled in or accepted into a certificate or degree conferring health care sequence (such as medical school, dental school, nursing program, pharmacy schools, etc.) is eligible to apply. Students in general course of study programs (i.e. pre-med or liberal arts) are not eligible to apply. Also, the fields of athletic trainer or veterinary medicine will not be considered. Schools attended must be accredited or recognized as a legitimate institution, but need not be a school in Illinois.

The recipient is expected to be a full-time student (a minimum of 12 credit hours per semester to be considered full-time) and to maintain a GPA of 3.6 on a 5-point scale or a 2.6 on a 4-point scale. Semester grades must be sent to the scholarship committee as soon as they are received in order for the scholarship to continue. A student who is in good standing may receive the Thomas Dixon Memorial Scholarship for up to but not to exceed six (6) semesters at an approved institution.

The Certificate of Award to be given with the scholarship monies will state that the recipient is “morally obligated to return the monies if the course of study is changed from those approved or upon withdrawal from the school”. The award at least must be returned in an amount commensurate with the school year remaining. For example: for one half of the academic year, one-half of the award should be repaid.

Upon completion of the courses, the recipient is under no obligation to return to the Kirby Medical Center as an employee.



THE THOMAS DIXON MEMORIAL SCHOLARSHIP APPLICATION FORM

Please answer the following questions:

Date: _____

1. Full Name: _____ Date of Birth: _____

2. Social Security Number: _____

3. Email Address: _____ Phone: _____

4. Permanent Address:

Street Address	City	State	Zip Code
_____	_____	_____	_____

5. Permanent Address:

Street Address	City	State	Zip Code
_____	_____	_____	_____

6. Marital Status: Single Engaged Married Widowed Divorced

7. Dependents (Include name, age, relationship) _____

8. What is your occupational goal? _____

9. What school will you attend this fall? _____

10. What is your expected college graduation date? _____

11. What are your residence plans? Dormitory Home Other (specify) _____

12. In what course of study will you be enrolled and at what academic level? _____

13. Have you done post-high school study in a field other than that which you will be in this fall? _____

If so, in what field and how do you explain your change of interest? _____

14. Do you plan to stay and work in Illinois after graduation? _____

15. Information regarding family (CONFIDENTIAL)

a. Father's Name: _____

Place of employment: _____

Company	Address
Occupation: _____	Approximate Income: _____

b. Mother's Name: _____

Place of employment: _____

Company Address
Occupation: _____ Approximate Income: _____

c. Number and ages of siblings: _____

How many in school? _____ How many in college? _____

16. Spouse's Name (if married): _____

Place of employment: _____

Company Address
Occupation: _____ Approximate Income: _____

17. List any children and their ages: _____

18. List in chronological order all schools attended beyond elementary school (with addresses) and degrees earned. _____

19. List honors, academic or otherwise, received and when: _____

20. Describe your involvement in health or science-related fields or activities, either for recreation, as a volunteer, or as an employee. _____

21. List all jobs you have held (wages, employer, and type of work) and indicate whether they were full or part-time. _____

22. If you are not now in school, how have you been occupied since leaving school? _____

23. Who is the primary financial contributor to your support? _____

24. Do you contribute to the support of any other person(s) or have other financial obligations? _____
If yes, please explain. _____

25. Write a brief paragraph (use separate page) to address the following:

- a. What are your reasons for wishing to study in the professional field you have chosen?
- b. What particular qualifications do you feel you have for the occupation you have chosen?
- c. When did you decide on this field?
- d. What were some of the factors (circumstances or individuals) that led to your decision?
- e. What opportunities have you had so far to observe the practice of this profession?
- f. What do you know about the training required, job opportunities, salary expectations in this field?

26. Financial need will be one of the criteria used by the selection committee. Since competition for scholarships may be great, it is to your advantage to clarify the need for financial assistance as completely as you see fit. In the space below, explain your present financial position.

27. Have you included the following documents with your application?

- two letters of reference, one personal and one from a teacher or guidance counselor,**
- proof of acceptance (if not currently enrolled) from an educational institution,**
- high school and/or college transcript, and**
- available aptitude and achievement tests.**

28. Please review and sign the following Statement of Applicant:

If I am awarded a scholarship, it is my intention to complete the educational program outlined and to serve as a member of the profession for which I am prepared. I also agree to inform the Scholarship Committee immediately if I am no longer interested in preparing myself for the profession indicated or if I am no longer a full-time student. I understand that future scholarship monies are contingent upon funds received as memorials and donations may vary from one semester to another. I agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Scholarship Committee.

Date

Signature of Applicant

Signature of Parent/Guardian if applicant is a minor

Return completed application and letter of recommendation by April 2, 2012 to:

The Thomas Dixon Memorial Scholarship Committee
C/o Kirby Medical Center
1000 Medical Center Drive
Monticello, Illinois 61856