

Scholarship Application Instructions & Policies of the
Carlinsville Area Hospital and Clinics Auxiliary
Scholarship Awards Committee

Please read carefully

I. Eligibility for Scholarship

1. Any high school student graduating in 2026 from Macoupin County, Illinois who is accepted to an accredited college or university with the intention of entering a hospital related health care career (such as medical, dental, nursing, pharmacy schools, radiology technology programs, occupational/physical/speech therapy, etc.)
2. Must have maintained a GPA of 3.5 or above through their junior year of high school.

II. Facts Pertaining to Scholarship

1. CAH Auxiliary Scholarship will be awarded in two increments based on the student's scholastic achievement. The initial \$750.00 will be awarded upon the recipient's entrance into college. The second \$750.00 will be awarded upon the recipient's second semester while maintaining a 3.0 GPA.
2. The \$1,500.00 award is to be applied toward tuition, fees, or books.
3. Selection of recipient will be made by April of 2026.

III. Submission of Scholarship

1. Send all documents to Sarah Beck, Carlinsville Area Hospital, 20733 N. Broad, Carlinsville, IL 62626 by March 1, 2026. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

CARLINVILLE AREA HOSPITAL & CLINICS AUXILIARY SCHOLARSHIP APPLICATION 2025-2026

Before filling out this form, please read the Scholarship Application Instructions and Policies. Print carefully filling in ALL blanks using N/A where not applicable.

I. PERSONAL INFORMATION

1. Full Name _____
Date of Birth _____
2. Present Address
Street _____
City _____ Zip _____
Telephone _____ Email _____
3. Hospital nearest your home
Name _____ City _____

II. EDUCATIONAL INFORMATION

1. What high school are you currently attending? _____
2. What is your GPA through your junior year of high school? _____
3. What is your class rank? _____
4. What school will you attend this fall? _____
Full-time or part-time _____
If part-time, specifically what else will you be doing? _____
5. What is your professional goal? _____
6. What is your course of study? _____

III. SUBMIT A COMPREHENSIVE LIST OF STUDENT ACTIVITIES

(Write on a separate sheet)

IV. SUBMIT A COMPREHENSIVE LIST OF VOLUNTEER AND/OR COMMUNITY ACTIVITIES. (Write on a separate sheet)

V. SUBMIT TWO LETTERS OF RECOMMENDATION. One letter may be from a teacher or school administrator and one must be submitted from an adult outside the student's academic life and be a non-relative.

VI. SUBMIT A TYPED ONE-PAGE ESSAY ABOUT WHY YOU WOULD LIKE TO OBTAIN AN EDUCATION IN THE MEDICAL FIELD.

If selected as the recipient of the Carlinville Area Hospital Auxiliary Scholarship, I give my permission to the Hospital Auxiliary to use my name in my application. This includes photos for publicity in the media. Yes _____ No _____

I DECLARE THIS INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____

STUDENT SIGNATURE REQUIRED _____

PARENT/GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE _____