



The Dr. Thomas W. Samuels Nursing Scholarship

Decatur Memorial Foundation is pleased to administer the Dr. Thomas W. Samuels Nursing Scholarship.

One (1) \$2,500 scholarship will be awarded to a deserving student who is pursuing a nursing degree. Applicants must be a high school senior or undergraduate.

Obtain an application by contacting Julie Bilbrey, executive director of the Decatur Memorial Foundation at 217-876-2146, dmhfoundation@mhsil.com or online at [memorial.health/dmf](https://www.memorial.health/dmf).

Application packets must be received between Jan. 1 – Feb. 15 annually.

Former recipients are encouraged to apply. This scholarship is administered by the Decatur Memorial Foundation and Board of Directors.

Criteria

- Applicants must be a graduate of any Macon County high school who has selected a career in nursing at a two- or four-year college.
- Applicants must be a high school senior or undergraduate and pursuing a degree in nursing.

Material To Be Included In Application Packet

(Attached in this order)

1. Completed and signed application
2. High school transcript
3. Two letters of recommendation
4. Proof of enrollment *(Copy of acceptance letter or copy of fall class schedule)*
5. Essay *(Maximum 300 words)*
What do you hope to accomplish with a nursing degree? What has influenced your decision to enter the nursing field? How will this scholarship assist you in your educational pursuits?



Mail application packet to:

Decatur Memorial Foundation

Dr. Thomas W. Samuels Nursing Scholarship
c/o Julie Bilbrey
2300 N. Edward St. | Decatur, IL 62526

or email to:

dmhfoundation@mhsil.com



For questions contact:

Julie Bilbrey

Executive Director
Decatur Memorial Foundation
217-876-2146
dmhFoundation@mhsil.com

SCHOLARSHIP HISTORY

Dr. Thomas W. Samuels was a dedicated Decatur Memorial Hospital surgeon who exemplified compassionate and quality healthcare. Recognizing the critical need for more nurses prompted Dr. Samuels to establish an educational endowment fund for nursing students.

Outside of healthcare, Dr. Samuels was passionate about flying airplanes, hunting, fine food and music. In reflecting on his long and accomplished life, Dr. Samuels said, "I hope along the way I made a difference for my patients. Now maybe I can also impact the future of care available at Decatur Memorial Hospital."

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Memorial Health Colleagues

PLEASE INDICATE IF YOU ARE A CURRENT MEMORIAL HEALTH COLLEAGUE A CHILD OF A CURRENT MEMORIAL HEALTH COLLEAGUE
MEMORIAL HEALTH COLLEAGUES CURRENTLY RECEIVING TUITION ASSISTANCE ARE **NOT ELIGIBLE TO APPLY.**

APPLICANT'S NAME

PARENTS/GUARDIANS

PERMANENT ADDRESS

PARENTS'/GUARDIANS' ADDRESS

HOME PHONE

CELLPHONE

SIBLINGS (NAME AND AGE)

ADDRESS AT COLLEGE

NAME OF SPOUSE (IF APPLICABLE)

EMAIL ADDRESS

CHILDREN (AGE)

SOCIAL SECURITY NO.

BIRTH DATE

CHILDREN (AGE)

Educational Background

HIGH SCHOOL ATTENDED

YEAR OF GRADUATION

H.S. GRADE PT. AVERAGE

H.S. CLASS RANK

ACT/SAT SCORE

Offices Held, Academic Achievements or Awards Earned in the Last Two Years

Educational Institution Applicant Will Be Attending

COLLEGE/UNIVERSITY NAME

CITY AND STATE

MAJOR/FIELD OF STUDY

YEAR IN COLLEGE

CUMULATIVE GRADE PT. AVERAGE

SEMESTER HOURS COMPLETED

Financial Information

PLEASE BREAK DOWN THE COST OF YOUR SCHOOLING FOR THE NEXT SCHOOL YEAR:

\$	\$	\$	\$
TUITION & FEES	BOOKS	ROOM & BOARD	OTHER COSTS
\$			
TOTAL COST OF SCHOOL			

PLEASE BREAK DOWN, BY PERCENTAGE OR DOLLAR AMOUNT, HOW YOUR EDUCATION WILL BE FINANCED:

STUDENT*	%	OR	\$
PARENTS	%		\$
SCHOLARSHIPS	%		\$
GRANTS	%		\$
GIFTS	%		\$
LOANS	%		\$
OTHER	%		\$

*EXPLAIN (Example: work, savings, etc.)

Describe any personal or family circumstances which you feel should be brought to the attention of the scholarship committee.

APPLICANT SIGNATURE

DATE