

Healthcare Career Education Grant

APPLICATION

GENERAL INFORMATION

Last First MI

Date of birth

Address

City State ZIP

Phone

Email address

EDUCATION INFORMATION

Name of program

School/Institution

Program start date End date

LEVEL OF EDUCATION: Certificate Associates
 Bachelors Masters Doctorate

EDUCATION OBJECTIVES AND CAREER GOALS

#1 How do you foresee the completion of this degree contributing to the strategic needs of Memorial Health System?

#2 Why did you select this academic institution and program?

#3 Are you eligible to receive any grant or scholarship funds outside of the organization for your degree program?
 Yes No

#4 Are you currently employed by Memorial Health System?
 Yes No

#5 If no, do you have immediate family members who work for Memorial Health System?
 Yes No

REQUIREMENTS FOR SUBMISSION CHECKLIST (FOR APPLICANT USE ONLY)

- Completed Application
- Verifiable documentation of acceptance into institution and program of study
- Verifiable documentation of total program expenses
- Verifiable documentation of core courses in program of study and projected dates of enrollment
- Verifiable documentation of institution and program accreditation; copy of most recent transcript (can be unofficial)
- Professional Recommendation
 - Contact Name: _____
 - Email Address: _____
- Academic Recommendation
 - Contact Name: _____
 - Email Address: _____
- State W4 Form
- Federal W4 Form

#6 Where can we route your application? Please check the box for the affiliate foundation you would like to approach for consideration of funding.

- Abraham Lincoln Memorial Hospital Foundation (Lincoln, IL)
- Memorial Medical Center Foundation (Springfield, IL)
- Passavant Area Hospital Foundation (Jacksonville, IL)
- Taylorville Memorial Hospital Foundation (Taylorville, IL)

#7 What additional information would you like us to know when reviewing and considering your application?

FINANCIAL REQUEST

SUMMARY OF PROGRAM EXPENSES

Tuition _____

Books _____

Fees _____

TOTAL DOLLARS REQUESTED

\$

Please email completed application and supporting documentation to EducationAssistance@mhsil.com, no later than 4 p.m. on April 1.

I HAVE READ AND UNDERSTAND THE HEALTHCARE CAREER EDUCATION GRANT POLICY.