



The Carolyn M. Butterfield Trust Nursing Scholarship

Taylorville Memorial Foundation is pleased to administer the Carolyn M. Butterfield Trust Nursing Scholarship.

One \$1,000 scholarship will be awarded to a deserving student who has graduated from a Christian County high school and is enrolled in a two- or four-year college or university. Applicants must be in or have completed their first year in a nursing program.

Obtain an application by contacting the Taylorville Memorial Foundation at 217-707-5271, TMHFoundation@mhsil.com or online at memorial.health/tmf.

Applications will be accepted through March 31.

FORMER RECIPIENTS ARE ENCOURAGED TO APPLY.

Criteria

- Applicants must be a graduate of a high school located in Christian County.
- Applicants must be enrolled in a two- or four-year college and be in or have completed the first year in a nursing program.

Material To Be Included In Application Packet

1. Completed and signed application
2. College transcript
(Does not have to be an official transcript)
3. Two reference letters
(Including one nursing school faculty reference)
4. Essay
(Maximum 300 words) What do you hope to accomplish with a nursing education? What has influenced your decision to enter the nursing field? How do you foresee the completion of this program contributing to your career goals?



Mail application packet to:
Taylorville Memorial Foundation
Carolyn M. Butterfield Trust
Nursing Scholarship
201 E. Pleasant St.
Taylorville, IL 62568

or email to:
TMHFoundation@mhsil.com



For questions contact:
Taylorville Memorial Foundation
217-707-5271
TMHFoundation@mhsil.com

SCHOLARSHIP HISTORY

Carolyn M. Butterfield was one of the charter members of the St. Vincent Memorial Hospital Foundation Board. At the time of her death, Mrs. Butterfield provided a trust to the hospital foundation that funds scholarships annually. It was her wish to financially assist students from Christian County who are pursuing a career in healthcare, especially in the field of nursing. She hoped that by financially assisting Christian County students, perhaps it would also help in decreasing the shortage of these professional individuals in this service area. It was her hope that these scholarships would lead the recipients to a nursing degree that would benefit Taylorville Memorial Hospital formerly known as St. Vincent 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.**

General Information

LAST FIRST MI

PARENTS/GUARDIAN

DATE OF BIRTH

SIBLINGS (NAME AND AGE)

ADDRESS

SPOUSE

CITY STATE ZIP

CHILDREN (AGE)

PHONE

HIGH SCHOOL ATTENDED

EMAIL ADDRESS

H.S. CLASS RANK

College Information

PROGRAM NAME

SCHOOL/LOCATION

Financial Information

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

TUITION & FEES

BOOKS

ROOM & BOARD

TOTAL COST

HOW WILL YOU FINANCE THIS PROGRAM?

STUDENT*	%	OR	\$
FAMILY	%		\$
SCHOLARSHIPS/ GRANTS	%		\$
LOANS	%		\$

Describe any personal or family circumstances you would like the scholarship committee to know in considering your application.

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