



The Katie McCarty Nursing Excellence CNA Scholarship

Taylorville Memorial Foundation is pleased to administer the Katie McCarty Nursing Excellence CNA Scholarship.

Scholarships will be awarded to deserving students who have graduated from a central Illinois high school, with priority given to Christian County residents. Applicants must be accepted into an institution's CNA program.

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

Applications accepted year round. Awards determined by fund availability.

Criteria

- Applicants must be a graduate of a central Illinois high school, priority given to a Christian County resident.
- Applicants must be accepted into an institution's CNA program.

Material To Be Included In Application Packet

(Attached in this order)

1. Completed application
2. Verifiable documentation of acceptance into an institution's CNA program
3. Verifiable documentation of total program expenses
4. Professional or academic recommendation
5. Federal W-9 form



Mail application packet to:
Taylorville Memorial Foundation
Katie McCarty Nursing Excellence
CNA 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

As a 19-year-old, Katie McCarty had a big dream for the future. She would finish college, earn a nursing degree and pursue her passion of caring for others. Katie McCarty was a CNA, enrolled in nursing school and working toward her goal when her life was cut short.

In memory of her daughter, her mother established the Katie McCarty Nursing Excellence Fund. Through the Katie McCarty Nursing Excellence Fund, this scholarship is used to train certified nursing assistants in Taylorville, where Katie was born and where her mother is a member of the Auxiliary at Taylorville Memorial Hospital.

Katie McCarty Nursing Excellence CNA Scholarship **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

Financial Request

SUMMARY OF PROGRAM EXPENSES

Tuition _____

Books _____

Fees _____

Total dollars requested **\$**

Education Objective and Career Goals

1. How do you foresee the completion of this certificate contributing to your future career?

2. Are you eligible to receive any grant or scholarship funds outside of the organization for your program?

Yes **No**

If yes, please explain in more detail:

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

Requirements for Submission Checklist

(For applicant use only)

- Completed application
- Verifiable documentation of acceptance into an institution's CNA program
- Verifiable documentation of total program expenses
- Professional or academic recommendation
 - Contact name _____
 - Email address _____
- Federal W-9 form