



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 currently enrolled in a CNA program.

Material To Be Included In Application Packet

(Attached in this order)

1. Completed and signed scholarship application
2. Documentation of enrollment into a CNA program
3. Documentation of total program expenses
4. A professional or academic reference letter



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**



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

Date of birth

Address

City State ZIP

Phone

Email address

Education Information

Name of program

School/institution

Program start date End date

CURRENT LEVEL OF EDUCATION

☐ High School High School Grade Point Average _____
☐ College

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 program contributing to your career goals?

2. Are you eligible to receive any grant or scholarship funds 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
- ☐ Documentation of enrollment in a CNA program
- ☐ Professional or academic reference letter
- ☐ Documentation of program expenses