



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 must be postmarked on or before **June 1** annually.

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 will this scholarship assist you in your educational pursuits?



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

A 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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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

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:

<input style="width: 90%; border: 1px solid #ccc; border-radius: 15px;" type="text" value="\$"/>	<input style="width: 90%; border: 1px solid #ccc; border-radius: 15px;" type="text" value="\$"/>	<input style="width: 90%; border: 1px solid #ccc; border-radius: 15px;" type="text" value="\$"/>	<input style="width: 90%; border: 1px solid #ccc; border-radius: 15px;" type="text" value="\$"/>
TUITION & FEES	BOOKS	ROOM & BOARD	OTHER COSTS
<input style="width: 80%; border: 2px solid #f00; border-radius: 15px;" type="text" value="\$"/>			
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