



The Decatur Memorial Hospital Auxiliary Scholarship

Decatur Memorial Hospital Auxiliary is pleased to administer the Healthcare Support Professionals Scholarship.

Three (3) \$5,000 scholarships will be awarded to a deserving student who is a graduate of any Macon County high school and who is pursuing a degree at a two- or four-year college in a healthcare support profession (i.e., nursing, X-ray tech, lab tech, pharmacy tech, etc.). Applicants must be a high school senior or undergraduate.

Obtain an application by contacting Volunteer Services at 217-876-2146, dmhvolunteers@mhsil.com or online at [memorial.health/dmf](https://www.memorial.health/dmf).

Application packets must be received by May 2, 2025.

Former recipients are encouraged to apply and are eligible for two years. This scholarship is administered by the Decatur Memorial Hospital Auxiliary and Board of Directors.

Criteria

- Applicants must be a graduate of any Macon County high school who has selected a healthcare support staff career at a two- or four-year college.
- Applicants must be a high school senior or undergraduate and pursuing a degree.

Material To Be Included In Application Packet (Attached in this order).

1. Completed and signed application
2. High school transcript
3. Two letters of recommendation
4. Proof of enrollment (*Copy of acceptance letter or copy of fall class schedule*)
5. Essay (*Maximum 300 words*)
What do you hope to accomplish with your education?
What has influenced your decision to enter the healthcare field? How will this scholarship assist you in your educational pursuits?



Mail application packet to: Decatur Memorial Hospital Auxiliary Scholarship

2300 N. Edward St.
Decatur, IL 62526

or email to:
dmhvolunteers@mhsil.com



For questions contact:

Volunteer Services
217-876-2146
dmhvolunteers@mhsil.com

SCHOLARSHIP HISTORY

The Decatur Memorial Hospital Auxiliary was established in 1954 and is currently made up of nearly 150 volunteers who spend their time giving back to the hospital in countless ways. They donate over 25,000 hours of their time annually to help ensure a wonderful patient experience at DMH. In addition to serving patients and their families, they also raise funds in support of special projects throughout the hospital. The auxiliary members established this scholarship program so they can help foster the next generation of hospital support staff to provide care to our community.

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.**

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

Offices Held, Academic Achievements or Awards Earned in the Last Two Years

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 red; 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