



The Dr. Joseph Schrodt Sullivan High School Science Scholarship

Decatur Memorial Foundation is pleased to administer the Dr. Joseph Schrodt Science Scholarship.

A four-year scholarship of \$750 per academic school year will be awarded to a deserving student who is a senior at Sullivan High School and is pursuing a science related degree, license or certification in one of the following fields: Medicine, Engineering, Bioengineering, Physics, Chemistry, Health Related Discipline, Physical Therapy, Occupational Therapy.

Obtain an application by contacting the Sullivan High School Guidance Counselor at 217-728-8311 or the Decatur Memorial Foundation at 217-876-2146, dmhfoundation@mhsil.com or online at memorial.health/dmf.

Application packets must be received by March 20 annually.

This scholarship is administered by the Decatur Memorial Foundation. The recipient is selected under the direction of the Sullivan High School guidance counselor, principal, and Sullivan School District #300 superintendent.

Criteria

- Applicants must be a senior at Sullivan High School and plan to pursue a science degree in the fields listed above.
- Applicants must have a GPA of 3.0 or higher.

Required Application Packet Materials

(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 college fall class schedule)*
5. Essay *(Maximum 300 words)*
What do you hope to accomplish with your degree? What has influenced your decision to enter your chosen field? How will this scholarship assist you in your educational pursuits?



Submit application packet to:
Sullivan High School

c/o Guidance Counselor: Dr. Joseph
Schrodt Science Scholarship
725 N. Main St. | Sullivan, IL 61951



For questions, contact:

Decatur Memorial Foundation
217-876-2146
dmhfoundation@mhsil.com

SCHOLARSHIP HISTORY

Dr. Joseph Schrodt was a highly respected Decatur Memorial Hospital orthopedic surgeon described as an extraordinarily kind and humble community leader. He graduated from Sullivan High School as a salutatorian and always remained deeply devoted to his central Illinois roots. The Dr. Schrodt Science Scholarship celebrates his generosity, love of community and devotion to medicine. (Dr. Joseph Schrodt August 15, 1937 – March 17, 2023).

The Dr. Joseph Schrodtt Sullivan High School Science Scholarship



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

[Empty rounded rectangular input field]

HIGH SCHOOL ATTENDED

[Empty rounded rectangular input field]

YEAR OF GRADUATION

[Empty rounded rectangular input field]

H.S. GRADE PT. AVERAGE

[Empty rounded rectangular input field]

H.S. CLASS RANK

[Empty rounded rectangular input field]

ACT/SAT SCORE

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

[Empty rounded rectangular input field]

Educational Institution Applicant Will Be Attending

[Empty rounded rectangular input field]

COLLEGE/UNIVERSITY NAME

[Empty rounded rectangular input field]

CITY AND STATE

[Empty rounded rectangular input field]

MAJOR/FIELD OF STUDY

[Empty rounded rectangular input field]

YEAR IN COLLEGE

[Empty rounded rectangular input field]

CUMULATIVE GRADE PT. AVERAGE

[Empty rounded rectangular input field]

SEMESTER HOURS COMPLETED

The Dr. Joseph Schrodt Sullivan High School Science Scholarship



Financial Information

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

\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TUITION & FEES	BOOKS	ROOM & BOARD	OTHER COSTS
\$ <input type="text"/>			
TOTAL COST OF SCHOOL			

PLEASE BREAK DOWN, BY PERCENTAGE OR DOLLAR AMOUNT, HOW YOUR EDUCATION WILL BE FINANCED:

STUDENT*	<input type="text"/>	%	OR	\$ <input type="text"/>
PARENTS	<input type="text"/>	%		\$ <input type="text"/>
SCHOLARSHIPS	<input type="text"/>	%		\$ <input type="text"/>
GRANTS	<input type="text"/>	%		\$ <input type="text"/>
GIFTS	<input type="text"/>	%		\$ <input type="text"/>
LOANS	<input type="text"/>	%		\$ <input type="text"/>
OTHER	<input type="text"/>	%		\$ <input type="text"/>

*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