



# The Dr. Richard H. Fritz Nursing Scholarship

**Decatur Memorial Foundation is pleased to administer the Dr. Richard H. Fritz Nursing Scholarship.**

One (1) \$5,000 scholarship will be awarded to a deserving student who is a graduate of any Macon County high school and who has selected a career in nursing at a two- or four-year college. Applicants must be a high school senior or undergraduate.

Obtain an application by contacting Julie Bilbrey, executive director of the Decatur Memorial Foundation at 217-876-2146, [dmhfoundation@mhsil.com](mailto:dmhfoundation@mhsil.com) or online at [memorial.health/dmf](http://memorial.health/dmf).

Application packets must be received between Jan. 1 – Feb. 15 annually.

*Former recipients are encouraged to apply. This scholarship is administered by the Decatur Memorial Foundation and Board of Directors.*

## Criteria

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

## 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 a nursing degree? What has influenced your decision to enter the nursing field? How will this scholarship assist you in your educational pursuits?



### Mail application packet to: Decatur Memorial Foundation

Dr. Richard H. Fritz Nursing Scholarship  
c/o Julie Bilbrey  
2300 N. Edward St. | Decatur, IL 62526

**or email to:**  
[dmhfoundation@mhsil.com](mailto:dmhfoundation@mhsil.com)



### For questions contact:

**Julie Bilbrey**  
Executive Director  
Decatur Memorial Foundation  
217-876-2146  
[dmhfoundation@mhsil.com](mailto:dmhfoundation@mhsil.com)

## SCHOLARSHIP HISTORY

Dr. Richard H. Fritz was a highly respected Decatur Memorial Hospital internal medicine physician who was described as caring, committed and generous. Following his death in 2015, many of those who he worked with and cared for came together to establish a memorial in his honor. Contributions to this fund were intended to provide scholarships for nursing education so that Dr. Fritz's legacy of commitment and generosity will be reflected in the healthcare professionals of tomorrow.

## 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

# The Dr. Richard H. Fritz Nursing Scholarship



## Financial Information

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

<input style="width: 90%; height: 30px;" type="text" value="\$"/>	<input style="width: 90%; height: 30px;" type="text" value="\$"/>	<input style="width: 90%; height: 30px;" type="text" value="\$"/>	<input style="width: 90%; height: 30px;" type="text" value="\$"/>
TUITION & FEES	BOOKS	ROOM & BOARD	OTHER COSTS
<input style="width: 80%; height: 30px; border: 2px solid red;" type="text" value="\$"/>			
TOTAL COST OF SCHOOL			

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

STUDENT*	<input style="width: 90%; height: 30px;" type="text" value=""/>	%	OR	<input style="width: 90%; height: 30px;" type="text" value="\$"/>
PARENTS	<input style="width: 90%; height: 30px;" type="text" value=""/>	%		<input style="width: 90%; height: 30px;" type="text" value="\$"/>
SCHOLARSHIPS	<input style="width: 90%; height: 30px;" type="text" value=""/>	%		<input style="width: 90%; height: 30px;" type="text" value="\$"/>
GRANTS	<input style="width: 90%; height: 30px;" type="text" value=""/>	%		<input style="width: 90%; height: 30px;" type="text" value="\$"/>
GIFTS	<input style="width: 90%; height: 30px;" type="text" value=""/>	%		<input style="width: 90%; height: 30px;" type="text" value="\$"/>
LOANS	<input style="width: 90%; height: 30px;" type="text" value=""/>	%		<input style="width: 90%; height: 30px;" type="text" value="\$"/>
OTHER	<input style="width: 90%; height: 30px;" type="text" value=""/>	%		<input style="width: 90%; height: 30px;" type="text" value="\$"/>

\*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