



Viola N. Thompson Scholarship Application

Holy Family Hospital
200 Healthcare Drive
Greenville, IL 62246
(618) 664-1230, ext 3410

Scholarship Application Instructions and Policies of the Viola N. Thompson Scholarship Committee

Eligibility for Scholarship

- Any person accepted into, or currently enrolled in a health care professional curriculum, is eligible. Consideration is limited to students who have been accepted in a health care professional sequence; that is when courses are open only to student candidates for degree or certification. (For example, pre-nursing, pre-medical, pre-pharmacy, applicants are not eligible until they are accepted into nursing clinics, pharmacy courses, etc.)
- The school to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program by the appropriate agencies.

Facts Pertaining to the Scholarship

- Viola N. Thompson scholarships are given twice in the academic year based on a student's scholarship achievement, financial need and the availability of funds.
- The scholarship loan is sent directly to the recipient and is to be applied toward tuition, fees, books or room and board. The amount of scholarship monies awarded is based on the health care profession selected and the number of hours required to earn certification or degree.
- If a recipient drops out of school or is dismissed from school while the scholarship loan is in effect, funds must be repaid within two years. Recipients must repay all money received. This repayment will be made at a predetermined rate of interest.
- Recipients must furnish a copy of each semesters or quarters grades to the Viola N. Thompson Scholarship Selection Committee for consideration for the following semester. A cumulative average of a "C" must be maintained.
- It will be necessary for recipients to furnish evidence of completed schooling to the Viola N. Thompson Scholarship Selection Committee.

- By the acceptance of scholarship funds, recipients are obligated, upon graduation to 1,040 hours of full or part time employment for each \$2,400 received. This position will be held at Holy Family Hospital. During this employment, recipient will be required to work in all rotating holidays and weekends and on any shift – example: 7 a.m–3 p.m.; 3 p.m.-11 p.m.; 11 p.m.-7 a.m.; 7 a.m.-7 p.m.; and 7 p.m. – 7 a.m.
- If the recipient fails to pass their State Boards/licensure examination after their final testing opportunity and additional education is required, they will be obligated to pay back the money received. This will be prorated to reflect the time they worked as a staff member employed at Holy Family Hospital in the capacity for which educational monies were received.
- If no full or part-time position is available upon the recipient’s graduation, the recipient is released from any further obligation to the Fund.
- If a recipient chooses not to accept the full or part-time employment within the institution, Holy Family Hospital, arrangements must be made for repayment of all scholarship funds. This repayment will be made at a predetermined rate of interest.
- The recipients will be notified in writing from the Viola N. Thompson Scholarship Selection Committee.

Applicant’s Responsibilities

- As part of the application, Please submit the following:
 - ✓ At least two letters of reference from a responsible adult (We recommend a teacher, counselor, employer, supervisor, or member of the clergy.)
 - ✓ Profile of yourself, stressing factors relevant to your occupational choice and goals. Please include qualifications you feel you have to pursue your education for your chosen profession. Please limit to one typed written page.
 - ✓ Official proof of acceptance from the educational institution you will attend.
 - ✓ A recent photograph of yourself.
 - ✓ Copy of your high school transcript and/or transcript of courses taken at college level.
 - ✓ Application for the Viola N. Thompson Scholarship.
- The timeframe to submit an application package is from October 9th through November 9th for the upcoming Spring semester.
- Direct all questions and all Documents to:

Viola N. Thompson Scholarship Selection Committee
Holy Family Hospital
200 Healthcare Drive
Greenville, IL 62246



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Please type or print. All spaces must be completed. Use N/A where not applicable.

PERSONAL INFORMATION

Full Name _____

Social Security Number _____ Date of Birth _____

Permanent Address _____
Street _____

City _____ State _____ Zip _____

Phone Number _____

Marital Status _____

Spouse's Name _____ Occupation/Employer _____

Dependents (age and relationship) _____

If under 18, please complete this section:

Parent's or Guardian's Name _____

Parent's or Guardian's Address _____

Father or Guardian's Occupation _____ Employer _____

Mother or Guardian's Occupation _____ Employer _____

Number of Siblings Living at Home with Parents _____

EDUCATIONAL INFORMATION

Professional goals: _____

Course of study: _____

Current Academic Level: _____

What is your cumulative grade point average: _____

What school will you attend this (Spring/Fall): _____

Will you be attending school full or part-time: _____

What is your expected date of graduation: _____

If attending school part-time, please specify what else you will be doing: _____

Residence Plans: Dormitory _____ Home _____ Other _____ (specify)

List in chronological order all schools attended beyond elementary school, addresses and degrees or diploma granted.

Name

Address

Degree

What honors (academic or otherwise) have you received and when? _____

OCCUPATIONAL INFORMATION

In what health or science related fields or activities have you been involved - recreation, as a volunteer, or as employee?

List jobs you have held (dates, employer, and type of work) and indicate whether they were full or part-time

Employee

Duty

Dates

FINANCIAL INFORMATION

Who is the primary contributor to your support? _____

Do you contribute to the support of any other person(s) or have other financial obligations? _____

If so, explain _____.

RESOURCES

(Estimated per academic year)

Parents	_____
Friends and Relatives	_____
Personal Savings	_____
Employment	_____
Loans	_____
Other (specify)	_____
Scholarships, Grants, Etc.	
1. Received:	_____
2. Applied for:	_____

TOTAL = \$ _____

EXPENSES

(Per academic year)

Tuition & Fees	_____
Room	_____
Board	_____
Books & Supplies	_____
Transportation	_____
Personal & Other	_____

TOTAL = \$ _____

Could you pursue your educational endeavors if you did not receive this scholarship loan?

Please describe any special circumstances which cause economic problems or which will assist the Viola Thompson Scholarship Committee in evaluating your application. Attach additional sheet if needed.

CONSENT FOR RELEASE OF INFORMATION

I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Viola Thompson Scholarship Selection Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information in so far as the Viola Thompson Scholarship Selection Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.

Signature of Applicant _____

List two adults (not relatives) from whom you have requested letters of recommendation to be sent to the Selection Committee.

Name	Address	Occupation
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- The scholarship stipulations require that the recipient of the scholarship repay the amount given in full in case the applicant withdraws from school or is requested to leave. One of the conditions for the scholarship is that you work at Holy Family Hospital, if requested, either full or part-time for 1,040 hours for each \$2,400 that you receive. You will receive full pay during employment. Also during this employment, you will be required to work in rotation holidays and weekends and on any shift - example: 7 a.m. - 3 p.m.; 3 p.m. - 11 p.m.; 11 p.m. - 7 a.m.; 7 a.m.-7 p.m.; and 7 p.m. – 7 a.m. Do you understand these conditions and are you willing to accept the scholarship with these conditions?

_____ (yes or no)

Signature of Applicant _____ Date Completed _____