



## Alton Memorial Health Equity Scholarship General Information

Alton Memorial Health Equity Scholarship: The scholarship could be renewable for up to 3 years beyond the initial term (up to 4 years total) and could include employment while in school.

### CANDIDATE ELIGIBILITY

Alton Memorial Health Equity Scholarship will be awarded to:

- Permanent residents of Madison County
- High school seniors or graduates within the last 2 years (also includes those obtaining a GED)
- Students of historically marginalized populations (BIPOC and/or LGBTQ+)
- Earned a minimum 2.5 cumulative grade point average while in high school or earned a GED
- Plans to attend an accredited college, university, technical or certification program to pursue a career in healthcare beginning in the fall of 2022
- Recipients asked to consider employment at Alton Memorial Hospital during and upon completion of degree or certification

### AWARD:

Scholars will be awarded up to \$5,000 to be used for:

- Tuition and fees
- Books and supplies
- Meals and housing
- Transportation

School or vendor reimbursed upon receiving bills or receipts. Final award amount may vary based on applicant pool.

### EVALUATION & SELECTION

- Applications will NOT be accepted after March 31, 2022. Applicants must submit the following documents in a single email or packet:
  - Completed application form
  - Letter of recommendation from a school official (i.e. teacher, counselor)
  - Short answer response to each of the following questions:
    - What field of healthcare are you interested in pursuing and why?
    - How will this scholarship help you reach your short-term and long-term goals?
    - What does health equity mean to you and how do you plan to champion health equity in your future career in healthcare?
  - Copy of high school transcript or current grade report
  - Resume detailing any academic awards, extracurricular activities, volunteer experience, etc.

**ANNUAL RENEWAL:**

- Documentation of progress toward completion of program
- Grades (minimum of 2.5 GPA)

**IMPORTANT DATES (example below)**

- Application go-live: February 14, 2022
- Application deadline: March 31, 2022
- Application review period: March 31, 2022 – April 14, 2022
- Announcement of recipients: April 15, 2022
- Renewal Application deadline: July 1, 2023

The submission deadline is March 31, 2022. Please submit your application via email to April Becker at [April.Becker@bjc.org](mailto:April.Becker@bjc.org), or mail to One Memorial Drive, Alton, Illinois 62002. All questions can be sent to Brad Goacher at [brad.goacher@bjc.org](mailto:brad.goacher@bjc.org). We look forward to reviewing your application and wish you the best of luck.

By entering my full name below, I authorize Alton Memorial Hospital to examine, verify and discuss my academic and/or financial records and other information which applies to the consideration of this application. I certify that all answers are accurate and truthful to the best of my knowledge, and that all information in the application and essays are my own work.



## Alton Memorial Health Equity Scholarship Application Form

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number E-mail Address

### HIGH SCHOOL INFORMATION

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

### SCHOOL/PROGRAM INFORMATION

Please list your top three schools or programs of preference and course of study.

School/Program	Course of Study	Notified of Acceptance (Yes or No)

Amount being requested: \$ \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. By signing below, I understand that false or misleading information in my application may result in a forfeit of the award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_