

ST. FRANCIS HOSPITAL AUXILIARY MEMORIAL SCHOLARSHIP  
FOR CONTINUING MEDICAL EDUCATION

The St. Francis Hospital Auxiliary invites you to apply for the Continuing Medical Education Scholarship. Two \$1,000 scholarships will be awarded to deserving students. Each scholarship award will be sent directly to the recipient's school to be applied to tuition, books, fees, and room and board. One of the two scholarships will be awarded with consideration to the student's financial need. To be considered for the need-based scholarship, please submit a copy of your FAFSA award letter.

This scholarship is available to the following post-secondary students:

- Those who are currently enrolled and have completed at least one year in an accredited school of his/her choice with the intent of receiving a degree or diploma in a health-related occupation.
- Those whose primary residence is in either Montgomery or Macoupin County--the counties served by St. Francis Hospital.
- Those whose completed applications are received by April 1.

*NOTE: St. Francis Hospital employees and their children are not eligible to receive the CME scholarship.*

GUIDELINES FOR APPLICATION

- Submit a paragraph of approximately 150 words explaining "Why I Have Chosen (*your particular field of health occupation*) as a Career."
- Attach two CURRENT letters of recommendation. At least one letter must be from an educator at the institution you presently attend.
- Attach your most recent academic transcript.
- Submit a copy of your FAFSA award letter if you wish to be considered for the two scholarships based on financial need.

A personal interview with the scholarships committee is required. A member of the committee will contact you with time and date. Recipients will be chosen and notified of the award by approximately May 1. Formal announcement and presentation will be made at a St. Francis Hospital Auxiliary meeting.

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*I have read and I acknowledge the requirements for the scholarship. I have completed all requirements of the scholarship application.*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

Return information to: ATTENTION: Scholarship Committee  
Continuing Medical Education Scholarship  
St. Francis Hospital Auxiliary, P. O. Box 1215, Litchfield, IL 62056