



The First Illinois Chapter– HFMA Scholarship

The First Illinois Chapter of HFMA (“the Chapter”) is proud to announce its 12th annual scholarship program for its members and their children seeking higher education. Scholarship recipients are chosen by the Scholarship Selection Committee made up of representatives from the Chapter.

The Chapter is pleased to award five scholarships - one for \$5,000, one for \$4,000 and three for \$2,000. The First Illinois HFMA application cycle is as follows:

- First Illinois HFMA applications can be downloaded from the First Illinois Chapter website – <http://www.firstillinoishfma.org/>
- **All applications must be postmarked by March 2, 2018**
- All applications should be mailed to: Vincent Pryor, Silver Cross Hospital, 1900 Silver Cross Boulevard, New Lenox, IL 60451
- All scholarships will be awarded no later than May 31, 2018

The eligibility requirements for applicants for the 2018-2019 academic year are as follows:

- Applicants must attend or plan to attend an accredited college, university or proprietary/trade school
- High School Seniors and Undergraduate students are eligible to apply
- Only one scholarship per student will be awarded during their lifetime
- First Illinois Chapter HFMA members and their children are eligible for scholarships
- Applicants must be U.S. citizens

The application consists of six parts: the application, a letter of recommendation from a faculty member, two letters of reference, an essay/testimonial, academic transcripts and an interview with the Selection Committee.

Please note: Scholarship recipients and their parents will be recognized at the annual installation event and awards ceremony in July, 2018.

Please direct any questions to Vince Pryor at vp Pryor@silvercross.org or (815) 300-7011.



HFMA Scholarship Application

All information is kept confidential

Personal Information

Name of Applicant (Print or type) _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone: _____ Evening Telephone: _____

E-mail Address: _____ Date of Birth: _____

Name of parent(s): _____ HFMA Member ID# _____

Educational Information

School you currently attend: _____

Name of school you plan to attend (*High School Seniors only*) _____

Address of school you will attend: _____

At the completion of the program, what degree is awarded? _____

Year of enrollment in program (Freshman, Sophomore, Jr., Sr., Masters) _____ and anticipated year of graduation: _____

Cumulative Grade Point Average (from latest semester of school completed): _____

Other schools or colleges attended, and degrees awarded _____

Interests:

Special Recognition and Awards:

Community Involvement:

Extra-Curricular Activities:

Academic Recommendation Information

Include one letter of recommendation from a faculty member who is familiar with your academic skills:

Faculty Member's Name: _____

Title: _____

Institution: _____

How do you know this person? _____

Letters of Recommendation

Include two letters of recommendation from individuals who know you personally and have knowledge of your capabilities:

Individual's Name: _____

Title: _____

Institution: _____

How do you know this person? _____

Individual's Name: _____

Title: _____

Institution: _____

How do you know this person? _____

Academic Status

Include your most recent original official transcript.

Essay/Testimonial Questions and Release Form

On a separate sheet(s) of paper, in 300 words or less (typed, double-spaced) describe your future plans and goals outlining the reasons you are applying for a scholarship. (i.e. include career goals, past work experience, how this HFMA scholarship will benefit you, and how you can make a difference.)

To complete your application, please submit the following:

1. This application form (all info must be completed or application will be denied).
2. Transcript from your registrar, which includes your course work through your most recent semester (high school records if applicable). You can also use latest report card if it shows cumulative GPA.
3. One (1) academic recommendation from a faculty member who has knowledge of your capabilities.
4. Two (2) reference letters from individuals who have knowledge of your capabilities.
5. An essay (300 words or less) describing your future plans and goals outlining the reasons you are applying for a scholarship. (i.e. include career goals, past work experience, how this HFMA scholarship will benefit you, and how you can make a difference.)

Interviews will be conducted during the month of April/May for the finalists.

By signing this application, I am certifying the accuracy and truthfulness of the information provided on this application.

Signature of Applicant

Date

Parent Signature

Date

Application Deadline: March 2, 2018

RETURN TO:

Vincent Pryor

Silver Cross Hospital

1900 Silver Cross Boulevard

New Lenox, IL 60451

Please direct any questions to Vince Pryor at vpryor@silvercross.org or (815) 300-7011.

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