

JCH Foundation Medical Education Fund Loan/Scholarship

In 1990, the estate of Cleon and Beulah Palmer made it possible for Jersey Community Hospital to set up a fund encouraging area individuals to seek health care careers. The following year, monies from the estate of Robert and Dorothy Gledhill added to the fund. Over the years, the JCH Foundation has provided assistance to a substantial number of students residing in its tri-county service area, while using only the interest accrued by this fund and from additional funds raised from the Foundation's annual Golf Tournament.

Applications are available in the Foundation office of Jersey Community Hospital, at the website www.jch.org, or in the Guidance Offices of area high schools. Assistance in the amount of \$500 per semester for up to 8 semesters is offered as a loan. Loans are forgiven for individuals completing their programs and applying their skills back in the hospital service area of Jersey, Calhoun, or Greene County.

Applications are due April 1. Questions about this program or application may be referred to the JCH Foundation Director, Lynn Poglajen at **618-498-8392** or lpog@jch.org.

General Information: This program is designed to offer financial assistance to those studying for careers in the healthcare fields, in hopes they will return to work in the service AREA of Jersey Community Hospital. Examples of current professions in high demand are nurses, physicians, physical therapists, laboratory & imaging technologists, pharmacists, etc.

Funds in the amount of \$500 (**\$500 per semester with \$4000 total maximum**) will be awarded to those selected. The program requires submission of a completed application by **April 1st** for a program beginning in the fall semester. Applicants must be enrolled as a **full-time student** (12 hours or more) in order to qualify AND be admitted in to a medical program of study. **The scholarship is renewable each year as long as the recipient maintains a 3.0 grade point average and demonstrates successful achievement within an approved major. Renewal information (transcript & next semester schedule) must be received in the Jersey Community Hospital Foundation Office after every semester for consideration for the following semester.** Awards will be sent directly to the applicant and can cover any educational expenses.

At the completion of the student's approved program (or withdrawal before completion), all funds shall be repaid to the Jersey Community Hospital Foundation on a monthly schedule **beginning six months after graduation or after enrollment is terminated or drops below full-time.** For students who accept employment in their chosen field within the Hospital's service area (Jersey, Calhoun, or Greene County), loan amounts will be forgiven at a rate of \$1000 for each complete year that the participant remains in their selected field in the area.

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Applicant **must** meet the following qualifications:

- Must be a resident of **Jersey, Greene, or Calhoun** counties.
- Must submit a completed scholarship application.
- Must be accepted in a MEDICAL PROGRAM of study.
- Submit a copy of your high school transcript, including documentation of ACT scores (college transcripts are also required if applicable).
- Submit 3 letters of recommendation; one must be from a high school representative (if you're still in school); copies of original acceptable.
- Submit a one-page essay describing yourself, your college plans, career goals, experiences that prompted you to go into healthcare, etc.
- Provide evidence of enrollment or acceptance into their desired program of study showing registration as a full-time student

Scholarship awards will be based on individual academic achievements, activities, leadership qualities, need, and career aspirations. **Scholarship application and paperwork must be received by April 1st for the fall semester.**

All documents must be submitted to:

Jersey Community Hospital
ATTN: Foundation Dept.
400 Maple Summit Rd.
Jerseyville, IL 62052

If you have any questions or need more information, please contact
Lynn Poglajen, Foundation Director
618-498-8392 or e-mail lpog@jch.org.

Application for JCH Medical Education Fund Loan/Scholarship

Name: _____

E-MAIL: _____ Parent's email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Telephone #: (____) _____ Cell #: (____) _____

Birth Date: ____/____/____ Social Security #: ____ - ____ - ____

Mother's Name & Occupation: _____

Father's Name & Occupation: _____

What degree are you seeking? _____

Specific profession or specialty in the medical field (if any)? _____

What school will you be attending first? _____

Have you been admitted to the above medical program? _____

What school did you last attend? _____ Grad year: _____

List honors, awards, and other recognitions received: _____

List school, church, or other extracurricular interests: _____

Please list community activities/volunteer work: _____

I have personally completed this application and have read all of the terms and conditions for the JCH Foundation Medical Education Fund. I certify that the information on this application is true and correct to the best of my knowledge and grant my permission for the information contained herein to be shared with the Scholarship Committee. If awarded the JCH Foundation Medical Education Fund loan, I release the right to use my name and picture for publications, reports, and press releases. By signing this application form, I give the University permission to verify my information.

Signature of applicant: _____

Date: _____