

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 at the Foundation office of Jersey Community Hospital, at the website www.jch.org, or at the Guidance Office at 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.

Any questions about this program or application may be referred to the JCH Foundation Director, Lynn Currie at **618-498-8392** or lcurrie@jch.org.

General Information: This program is designed to offer financial assistance to those preparing 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 demand are nurses, physicians, physical therapists, laboratory and imaging technologists, and pharmacists.

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 **June 1st** for a program beginning in the fall semester. Applicants must enroll as a **full-time student** (12 hours or more) in order to qualify for the JCH Medical Education Fund Scholarship. **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 & letter of request) 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.
- Submit a copy of their 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 official.
- Submit a one-page essay describing themselves, their college plans, and career goals.
- Provide evidence of enrollment or acceptance into their desired program of study.

Scholarship awards will be based on individual academic achievements, leadership qualities, need, and career aspirations. **Scholarship application and paperwork must be received by June 1st for a program beginning in the fall semester.** Scholarship entries received after this date will not be considered. Scholarship recipients will be required to submit a recent photograph for publicity purposes. 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 Currie, Foundation Director
618-498-8392 or e-mail lcurrie@jch.org.

Application for JCH Medical Education Fund Loan/Scholarship

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

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

E-MAIL ADDRESS: _____

Birth Date: ____/____/____

Social Security #: _____ - ____ - _____

Mother's Name & Occupation: _____

Father's Name & Occupation: _____

What school did you last attend? _____

List honors, awards, and other recognitions received: _____

List school, church, or other extracurricular interests: _____

Please list community activities/volunteer work: _____

What degree/profession are you seeking? _____

What school will you be attending? _____

School Address: _____

City: _____ State: _____ Zip: _____