

KishHealth Foundation

Kishwaukee Community Hospital Physicians' Medical Education Scholarship

Instructions and Policies

I. Eligibility for Scholarship

- A. Consideration is limited to applicants who are currently enrolled as full-time students in accredited medical school curriculums
- B. Applicants must be DeKalb County residents

II. Facts pertaining to KCHPME Scholarship:

- A. One scholarship will be awarded for the academic year based on the availability of funds. Scholarship recipients may reapply annually.
- B. Scholarships are awarded upon verification by the institution of student's enrollment. Recipient should request a verification letter be sent to KishHealth Foundation, P.O. Box 707, DeKalb, IL 60115.
- C. Check will be mailed to the recipient's school. If a recipient drops out of school, funds must be returned commensurate with the remaining school year.
- D. Selection of recipient will be made by the Kishwaukee Community Hospital Auxiliary Scholarship Committee in May for the following academic year.

III. Availability of applications

- Contact the KishHealth Foundation office at 815-748-9954
- E-mail khf@kishhealth.org
- Access the application at www.kishhealthfoundation.org

IV. Applications:

- A. Transcripts from all academic institutions (high school and beyond) must accompany this application. High school transcripts are required if the applicant graduated from high school within the last 10 years. An application will not be considered without transcripts. *Prior recipients need submit only updated transcripts.*
- B. Official proof of acceptance from an accredited medical school must accompany this application. Schools need not be Illinois institutions.
- C. Direct all documents to KishHealth Foundation, P.O. Box 707, DeKalb, IL 60115
- D. Direct questions to KishHealth Foundation at 815-748-9954

- E. Completed applications and supportive documentation must be postmarked by May 1 preceding the academic scholarship year.

V. Criteria:

Scholarships are awarded based on the following criteria:

- Acceptance in an accredited medical school
- Financial need
- Scholastic record

VI. KCHPME Scholarship Committee

- A. Selection of each year's recipient will be based solely on the decision of the Kish Hospital Auxiliary Scholarship Committee.
- B. Scholarships will be awarded based on funding availability.

If you are not currently enrolled in school, how have you been occupied since leaving school?

Resources and Anticipated Expenses for the Coming School Year: *List Below*

Resources

(Estimated per academic year)

Applicant _____
Spouse _____
Parents Contribution _____
Friends/Relatives _____
Personal Savings _____
Loans _____
Other _____
Scholarships, Grants etc.
 1. Received _____
 2. Applied for _____

Total _____

Expenses

(Per academic year)

Tuition & Fees _____
Room/Board _____
Books/Supplies _____
Personal _____
Other _____

Total _____

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: current loan(s), amount(s) and when due.)

Completed applications and supportive documentation must be postmarked by May 1 preceding the academic scholarship year.

Committee Use Only:

Transcripts	Acceptance	Rating
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