

# Scholarship Application

## OSF HealthCare Saint Clare Medical Center

### 2025 OSF HealthCare Saint Clare Medical Center Scholarship Application

The following application is for all scholarships available from OSF HealthCare Saint Clare Medical Center through the OSF HealthCare Foundation. Applicants will be considered for all scholarships for which they are eligible. Scholarships and eligibility are outlined below. **Application deadline: May 1, 2025.**

The **OSF Saint Clare Health Career Scholarship** is open to recent high school graduates, higher education students, OSF Saint Clare Mission Partners or immediate family members of an OSF Saint Clare Mission Partner pursuing a career in health care. Applicants must reside in Bureau County. \$1,000 will be awarded annually.

The **Pierson Nursing Scholarship** is open to recent high school graduates, higher education students, OSF Saint Clare Mission Partners or immediate family members of an OSF Saint Clare Mission Partner pursuing a career in health care. Applicants must reside in Bureau County. \$2,000 will be awarded annually.

The **Harold Morine Nursing Scholarship** is open to applicants pursuing a career in nursing. Applicants must reside in Bureau County. Applicants are judged on academic achievement, financial need and their sincerity in pursuing a nursing career.

#### Send application to

Samantha Rux  
Public Relations and Communications Coordinator  
OSF HealthCare Saint Clare Medical Center  
530 Park Ave. E. | Princeton, IL 61356  
(815) 876-2390  
[samantha.l.harkerrux@osfhealthcare.org](mailto:samantha.l.harkerrux@osfhealthcare.org)

#### Include with application the following information:

1. A **brief description** of why you are pursuing a career in nursing or health care. Limit one page.
2. A high school or college **transcript** from the school you are presently attending or last attended.
3. **At least two letters of recommendation** from a teacher, counselor, employer, supervisor or clergy.

**Please submit your application by May 1, 2025. Incomplete or late applications will not be considered.** Selection of recipients is made in May. Only scholarship recipients will be notified.



OSF<sup>®</sup> HEALTHCARE

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**EDUCATIONAL INFORMATION**

*If you are returning to school, please list the last school you attended.*

Name of current institution (high school, college, etc.) \_\_\_\_\_

City and state \_\_\_\_\_ Graduated \_\_\_\_\_ Date \_\_\_\_\_

Intended area of study and major \_\_\_\_\_

**Honors and awards**

*Please list honors, distinctions and awards you have earned. Attach additional sheet if necessary.*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Health, science, extracurricular activities**

*List activities, school-related or otherwise, in which you are involved. Attach additional sheet if necessary.*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Work experience**

*List your last four jobs, if applicable. Indicate location, dates and duties of employment.*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**FINANCIAL NEED**

List your estimated resources and expenses for the upcoming academic year.

**Estimated Resources**

Student Aid Index (SAI) \_\_\_\_\_

*SAI is found on the first page of the FAFSA Student Aid Report*

Scholarships and Grants\* \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Resources \$** \_\_\_\_\_

**Estimated Expenses**

Tuition and fees \$ \_\_\_\_\_

Room and board \$ \_\_\_\_\_

Books and supplies \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Expenses \$** \_\_\_\_\_

\*Please list all scholarships and grants received, including the name and amount awarded.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

*Attach additional sheet if necessary.*

Do you plan to attend school full-time or part-time? \_\_\_\_\_

Where do you plan on residing? \_\_\_\_\_

*Please specify if you will live in a dormitory, rent, live at home with relatives or own a home.*

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If I am awarded an OSF HealthCare Saint Clare Medical Center scholarship, it is my intention to complete my nursing or health care education as outlined by my school and serve as a member of the profession for which I am preparing. Should I withdraw from a nursing or health care career track, I understand the funds must be returned commensurate with the school year remaining (for example, for one half of the academic year, one half of the award must be repaid). I acknowledge that the information provided in this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from consideration of scholarship monetary award. I authorize persons, schools, employers and organizations to provide OSF HealthCare with any request for information regarding my application.

\_\_\_\_\_  
*Applicant signature*

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

