

Christie Foundation Health Profession Scholarship Program

SCHOLARSHIP OVERVIEW

Purpose

The Christie Foundation's Rapp Health Profession Scholarship Program assists in funding area students, particularly those interested in serving the health care needs of East Central Illinois.

Eligibility

Applicants for a Christie Foundation Health Profession Scholarship must meet the following criteria:

- Enrolled in full-time, or entering, an approved health profession program at the certificate, associate, bachelor, or graduate level
- Have graduated from high school, or have been a resident for at least 5 years, in one of the following counties in Illinois: Champaign, DeWitt, Douglas, Ford, Iroquois, Moultrie, Piatt, or Vermilion.

*Applications will **not** be considered for the following:*

- Students not entering a program related to a health profession
- Correspondence programs
- Studies at schools and institutions not accredited or recognized by the appropriate agencies as having approved health education programs

Selection Criteria

The following criteria will be used in the selection process for awarding scholarships:

- Grade point average
 - Overall GPA
 - GPA for courses related to the health profession program *(renewal applications only)*
- ACT and/or SAT score *(current high school seniors only)*
- Planned and completed course(s) of study
- Demonstrated work and/or volunteer experience in the health professions
- Personal qualities, as evidenced in essay responses and letters of reference

Award

- Awards are based upon available funds. Scholarships should be used to defray educational expenses incurred for tuition, fees, and/or books.
- Recipients may apply each year, as long as eligibility criteria continue to be met.
- Awards are based on committee decision and may not be appealed.
- Notification of awards and any other correspondence will be sent via email.

Cancellation

In the event the scholarship recipient does not complete the academic year for which the award was given, or ceases to be enrolled full time while an award is in effect, the recipient must refund the full grant.

Deadline to apply: March 31, 2011



The Christie
Foundation

101 W. University Ave.
Champaign, IL 61820

Christie Foundation
Rapp Health Profession Scholarship
SCHOLARSHIP APPLICATION

This is a:

- NEW APPLICATION FOR A CHRISTIE FOUNDATION SCHOLARSHIP
 - o **Fill out complete application and submit all requested attachments**
- SCHOLARSHIP RENEWAL REQUEST *(I have previously been awarded a Christie Foundation scholarship)*
 - o **Fill out all fields and submit all attachments except as noted in application**

Section 1: Personal Information

1. First Name: _____ Middle Initial: ___ Last Name: _____
2. Date of Birth: _____ *(not required for renewal applicants)*
3. Email Address: _____ Cell Phone: _____
4. Current Address: _____
5. Permanent Address *(if different)*: _____

6. Please indicate your relationship to the applicable county in East Central Illinois *(not required for renewal applicants)*

County	I graduated from high school here	I've been a resident here for 5+ years
Champaign		
DeWitt		
Douglas		
Ford		
Iroquois		
Moultrie		
Piatt		
Vermilion		

Section 2: Parent/Guardian Information

1. First Name: _____ Last Name: _____ Relationship: _____
Full Address (if different from Permanent Address, above): _____
Home Phone: _____ Email Address: _____
2. First Name: _____ Last Name: _____ Relationship: _____
Full Address (if different from Permanent Address, above): _____
Home Phone: _____ Email Address: _____
3. First Name: _____ Last Name: _____ Relationship: _____



101 W. University Ave.
Champaign, IL 61820

Full Address (if different from Permanent Address, above):

Home Phone: _____ Email Address: _____

4. First Name: _____ Last Name: _____ Relationship: _____

Full Address (if different from Permanent Address, above):

Home Phone: _____ Email Address: _____

Section 3: Academic Information

Provide information on the health profession-related program in which you are, or will be, enrolled

1. Academic program: _____

(For example, BS in Biology; Medical Assistant certificate)

2. School: _____ Location: _____

3. Expected graduation date: _____

4. Current GPA: _____ (required for all applicants)

ACT score: _____ SAT score: _____ (required for new applicants only)

Related Coursework GPA: _____ (required for renewal applicants only)

5. List, in chronological order, all schools attended, beginning with high school, giving location and degrees or diplomas granted.

SCHOOL	LOCATION	DEGREE	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Health Profession Activities & Goals

A. Please list any co- or extra-curricular activities in which you have been involved, including jobs, related to your chosen health profession.

B. What is your ultimate career goal within the health professions?

C. Briefly describe your plan for achieving this goal, including degrees you plan to achieve and/or jobs you may seek (excluding past education and jobs previously listed)

(not required for renewal applicants)



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Champaign, IL 61820



Section 5: Attachments

Submit all application materials together, including this form and the following:

- Evidence of college enrollment/acceptance or your probable enrollment plans
- An official transcript of your most recent academic experience
- Evidence of related coursework GPA *(not required for new applicants)*
- An outline of your planned course of study, i.e., academic plan
- Printout or photocopy of SAT or ACT score report *(not required for renewal applicants)*
 - o NOTE: You are not required to pay to have the official report sent to us.
- Three (3) letters of reference, with phone number and email address, from instructors, school counselors, and/or supervisors *(not required for renewal applicants)*
- One double-spaced, typed page, describing yourself and your connection to East Central Illinois *(not required for renewal applicants)*
- One double-spaced, typed page, describing how your personal background informs your desire to pursue a career in a health profession. Include relevant educational, family, cultural, economic, or social experiences, challenges, or opportunities; how you might contribute to social or cultural diversity within your chosen field; and/or how you might serve underrepresented segments of society with your degree and in your career *(not required for renewal applicants)*

Section 6: Consent and Certification

I have read the instructions and certify that the above information is correct and complete. I understand that in the event I do not complete the academic year for which an award is given, or I cease to be enrolled full time while an award is in effect, I will be required to refund the grant award in full.

Signed _____
Applicant's Signature

Date _____

Your name will be published in your local newspaper if you are a recipient of the Christie Foundation Rapp Health Profession Scholarship. **Sign below if you DO NOT WANT your name published.**

Signed _____

Date _____

Application Due Date: MARCH 31, 2011. Applications postmarked after this date will not be considered. Announcements of scholarships are expected by May 2, 2011. Recipients are strongly encouraged to attend the scholarship reception to be held at the end of May (date and time to be announced).

Send Application to:

The Christie Foundation
101 W. University Ave., Champaign, IL 61820
-or- lmann@christieclinic.com
