



1000 Medical Center Drive
Monticello, Illinois 61856

THE THOMAS DIXON MEMORIAL SCHOLARSHIP

APPLICATION FORM: 2024-2025

NOTE: Please type and then print out your completed application form. Each completed application will be scored using the Thomas Dixon Scholarship scoring rubric. You can view this rubric on the scholarship web page at the Kirby Medical Center website, www.kirbyhealth.org. **You must return the application and the following information to the Kirby Medical Center information desk by March 20, 2024.**

- a. **Two current letters of reference, one personal and one from a teacher, guidance counselor or college advisor, dated within the past twelve (12) months,**
- b. **proof of acceptance from an educational institution in an eligible health care related field of study (if not currently enrolled)**
- c. **official high school and/or official college transcript,**
- d. **available aptitude and achievement tests, and**
- e. **a brief personal essay.**

This scholarship, given by the Kirby Auxiliary, is to be applied toward tuition fees, board and room, or books. It will be given to a qualified student in the Kirby Medical Center service area who is pursuing a field of study in health careers.

Any student currently enrolled in or accepted into a certificate or degree conferring health care major or training program is eligible to apply. Students in a general course of study (i.e. pre-med or other pre-professional program, general education courses, liberal arts, etc.) or in veterinary medicine are NOT eligible to apply. Schools attended must be accredited or recognized as a legitimate institution but need not be a school in Illinois.

The recipient must be a full-time student (completing a minimum of 12 credit hours per semester to be considered full-time or as defined by the graduate program) and maintain a cumulative GPA of 3.6 on a 5-point scale or a 2.6 on a 4-point scale. The recipient must submit an official transcript at the end of each academic year. A student who is in good standing may reapply annually and may receive the Thomas Dixon Memorial Scholarship for up to, but not to exceed, six (6) semesters at an approved institution.

Furthermore, the recipient will not receive the award and is expected to return the award if the recipient changes schools, their major, their approved course of study or ceases to take classes for any reason. The recipient should notify the scholarship committee chairperson immediately of any of the following: (a) the recipient changes their school or major or course of study, (b) the recipient falls below 12 credit hours or full-time status if in graduate school during any semester, or (c) the recipient does not meet the GPA requirements for the scholarship.

Upon completion of the courses, the recipient is under no obligation to return to the Kirby Medical Center as an employee.

Mail or drop off completed application with required documents in a sealed envelope **by March 20, 2024** addressed to:

**The Thomas Dixon Memorial Scholarship Committee
c/o Kirby Medical Center
ATTN: Kathy Sowinski or
Jeff Hayes
1000 Medical Center Drive
Monticello, Illinois 61856**



THE THOMAS DIXON MEMORIAL SCHOLARSHIP APPLICATION FORM: 2024-2025

Date: _____

A. PERSONAL INFORMATION

1. Full Name: _____ Date of Birth: _____

2. Email Address: _____ Phone: _____

3. Current Address:

Street Address City State Zip Code

4. Permanent Address:

Street Address City State Zip Code

5. Marital Status: [] Single [] Engaged [] Married [] Widowed [] Divorced

6. Dependents (Include name, age, relationship) _____

B. EDUCATION & CAREER GOALS

7. What is your occupational goal? _____

8. Which school will you attend this fall? _____

9. What is your expected college graduation date? _____

10. In what course of study will you be enrolled and at what academic level? _____

11. Have you done post-high school study in a field other than the one indicated above? _____

12. If so, in what field and how do you explain your change of interest? _____

C. ACADEMICS & HONORS

13. List in chronological order all schools attended beyond elementary school (with addresses) and degrees earned.

14. List honors, academic or otherwise, received and when: _____

a. HS Applicants

b. Non-HS Applicants

D. EXTRACURRICULAR ACTIVITIES

15. Describe your involvement in health or science-related fields or activities AND/OR non-health or science related fields or activities, either for recreation, as a volunteer, or as an employee.

16. List all jobs you currently hold or have held (wages, employer, and type of work) and indicate whether they were full or part-time.

(Employer)	(Type of Work)	(Wage)	(Full or Part-time)
(Employer)	(Type of Work)	(Wage)	(Full or Part-time)
(Employer)	(Type of Work)	(Wage)	(Full or Part-time)

17. If you are not now in school, how have you been occupied since leaving school? _____

D. FINANCIAL INFORMATION (CONFIDENTIAL)

18. What is your best estimate of your financial costs per year including tuition, fees, books, room & board?
\$ _____

19. Did your family complete the Free Application for Federal Student Aid (FAFSA)? **Yes / No**
If yes, what was your family's estimated contribution toward your education? \$ _____

20. Did you complete the Free Application for Federal Student Aid (FAFSA)? **Yes / No**
If yes, what was your estimated contribution toward your education? \$ _____

21. Are you receiving any other financial aid, scholarship, etc.? **Yes / No**
If yes, please indicate what you are receiving and for how much? _____

22. If you or your family did not complete the FAFSA, please indicate you or your family's approximate gross income. \$ _____

23. Family

a. Father's Name: _____

Place of employment: _____

Company

Address

Occupation: _____

b. Mother's Name: _____

Place of employment: _____

Company

Address

Occupation: _____

c. Ages of siblings: _____

How many in school? _____ How many in college? _____

24. Spouse's Name (if married): _____

Place of employment: _____

Company

Address

Occupation: _____

25. Who is the primary financial contributor to your support? _____
26. Do you personally contribute to the support of any other person(s) or have other financial obligations? If yes, please explain. _____
27. Financial need will be one of the criteria used by the selection committee. Since competition for scholarships may be great, it is to your advantage to clarify the need for financial assistance as completely as you see fit. In the space below, explain your present financial position.
- _____
- _____
- _____

E. PERSONAL ESSAY

28. Write a brief personal essay (use separate pages) to address the following:
- What are your reasons for wishing to study in the healthcare-related professional field you have chosen?
 - What particular qualifications do you feel you have for the healthcare-related occupation you have chosen?
 - When did you decide on this field?
 - What were some of the factors (circumstances or individuals) that led to your decision?
 - What opportunities have you had so far to observe the practice of this profession?
 - What do you know about the training required, job opportunities, salary expectations in this field?

29. Have you included the following documents with your application? (Please check off.)
- two letters of reference, one personal and one from a teacher or guidance counselor/ college advisor, dated within the past twelve (12) months,**
- proof of acceptance from an educational institution in an eligible health care related field of study (if not currently enrolled)**
- official high school or official college transcript,**
- available aptitude and achievement tests, and**
- brief personal essay.**

30. Please review and sign the following Statement of Applicant:
- If I am awarded a scholarship, it is my intention to complete the educational program contained in this application and to serve as a member of the profession for which I am prepared. I also agree to inform the Scholarship Committee Chairperson immediately if I change my major or field of study, am no longer interested in preparing myself for the profession indicated or if I am no longer a full-time student (minimum of 12 hours completed per semester or as defined by graduate school program). I understand that I will not receive the scholarship monies if I change my major or course of study, drop below 12 hours in a given semester, or fail to maintain a cumulative GPA of 3.6 on a 5 point scale or a 2.6 on a 4 point scale. I also understand that an official transcript must be submitted at the end of each academic year.

I understand that future scholarship monies are contingent upon funds received as memorials and donations may vary from one semester to another. I understand and agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Scholarship Committee.

Date

Signature of Applicant

Signature of Parent/Guardian if applicant is a minor