



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

John S. Teuscher Continuing Education Scholarship Application

The Application and all required components must be attached for full consideration and submitted by mail. Email applications will not be accepted. Should more space be required additional pages may be attached. **Application and ALL required items should be mailed to: Health and Wellness Foundation of Pike County, 112 W. Washington, PO Box 81, Pittsfield, IL 62363. For Questions: 217-285-6080 or ichcf@aol.com.**

I. Personal

Name: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Parents Name: _____

Parents Contact: Phone: _____ Email: _____

Parent(s) Employer: _____

II. Professional Plans

Health Profession Sought: _____

Attach an original 500 word essay describing: the health profession you are pursuing; why you have chosen it, and how you feel you can impact the community while serving in this profession.

III. Degree

Name and Address of University/School Attending: _____

Degree/Certification Sought: _____

Years of School Completed to Date: _____

Entrance Date: _____ Graduation Date: _____

Name of Student Advisor: _____ Phone: _____

Admissions Office Address: _____

Financial Aid Office Address: _____

IV. Background

High School Attended: _____

Date of High School Graduation: _____

Cumulative GPA: _____ ACT: _____ Class Rank: _____

Employer (if any): _____

Names and Dates Previous of Employment: _____

Names/Dates of other Degrees/Certifications obtained: _____

V. Required Attachments

For full consideration of this application, all of the following required documents must be attached. Letters of Recommendation may be mailed separately to the Foundation office.

- A. A 500 word original essay – as defined in Section III. Of this document.
- B. Proof of acceptance in the Academic Institution you will be attending.
- C. At least two letters of recommendation from an employer, a health professional, and at least one college instructor.
- D. Copies of all College and High School transcripts.

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand completion of this application does not guarantee I will be awarded Scholarship funds.

SIGNATURE OF APPLICANT

DATE

