Dr. James Grote Post Graduate Degree
Scholarship Application

Scholarship applicants must be a candidate for a Master's degree or higher in a health-related field of study. All required components must be attached for full consideration and submitted by mail. Additional pages may be attached if needed. Please mail all materials 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.   Applicant Information

Last Name: _____ **First Name:** _____ **MI:** _____

SSN: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Current Employer/School/Dept.: _____

Work Phone: _____ **Position:** _____

II. Professional Plans

Applicant Essay: In an original 500 word essay please state the health profession you are pursuing, why you have chosen it, and what it would mean personally and in the community if you were awarded this Scholarship.

III. Degree

Post Graduate Degree Sought: _____

Name and Address of University/College Enrolled at _____

_____

Entrance Date: _____ Graduation Date: _____

Name of Academic Advisor: _____ Phone: _____

Admissions Office Address: _____

Financial Aid Office Address: _____

IV. Background

Name and Date of Degree(s) Obtained and University/College attended: _____

_____

_____

High School Attended: _____

Date of High School Graduation: _____

Cumulative GPA: _____   ACT: _____   Class Rank:_____

Names and Dates Previous of Employment: _____

_____

List of any Honors and Awards Received: _____

_____

_____

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/are attending.

C. Letters of Recommendation from at least one college instructor, an employer, and a health professional.

D. Signed and sealed copy of your most recent 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.

_____   _____

APPLICANT SIGNATURE   **DATE**

This application is void without a signature.