



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

**John S. Teuscher Health Occupation
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, PO Box 81, Pittsfield, IL 62363**
Questions should be directed to: 217-285-6080 or ichcf@aol.com

I. Personal

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ SSN: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Parent(s) Employer: _____

II. Education

Graduating High School: _____

Guidance Counselor: _____ Phone: _____

Cumulative GPA: _____ ACT/SAT: _____ Class Rank: _____

List any awards, honors or educational certificates earned: _____

Describe extracurricular or community service activities: _____

Names and Dates of Employment (if any): _____

III. Degree

Name of University/School Accepted/Applied to: _____

Degree Sought: _____

Entrance Date: _____ Completion Date: _____

Admissions Office Address: _____

Financial Aid Office Address: _____

IV. Applicant Essay

In an original essay 500 words/one-page essay, state the health profession you are pursuing and describe why you want to go into this health profession. Also explain how, as a result of your degree, you can positively impact an individual's health, quality of life, and be of benefit to the well-being of the community.

V. Required Attachments

For full consideration of this application the following items must be attached. Letters of Recommendation may be mailed to the Foundation office under separate cover.

- A. A 500-word original essay –as described in Section IV above.
- B. At least two letters of recommendation. One must be from a high school teacher, others may include: a health professional, employer, volunteer coordinator.
- C. A copy of all 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 the recipient of Scholarship funds.

SIGNATURE OF APPLICANT

DATE