



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

**John S. Teuscher Workforce Retraining
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

Applicant Name: _____

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

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

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

II. Degree

Degree/Certification Sought: _____

Name and Address of University/School Accepted to: _____

Entrance Date: _____ **Graduation Date:** _____

Admissions Office Address: _____

Financial Aid Office Address: _____

III. Professional Plans

Health Profession Sought: _____

Please provide a 500 word original essay describing why you want to go into health profession; and, as a result of this degree, explain how you feel you can positively impact an individual's health, quality of life, and be of benefit to the well-being of the community.

IV. Background

High School Graduation Date: _____ **Overall GPA:** _____ **ACT/SAT:** _____

Post-High School Schools Attended and Dates: _____

Degrees/Certifications Obtained and Year(s): _____

Current Employer: _____

Current Job Title: _____

Date Hired: _____

Names and Dates Previous of Employment: _____

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 III above.
- B. At least two letters of recommendation. One must be from a college or high school teacher, others may include: a health professional, employer, volunteer coordinator.
- C. A copy of all High School Transcripts.
- D. Proof of acceptance into a program at an accredited school.

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