

BOLINGBROOK HOSPITAL FOUNDATION
Nursing Scholarships

Scholarships are available through the Bolingbrook Hospital Foundation to assist and encourage post-high school education in nursing. These scholarships are awarded on a competitive basis without reference to race, sex, religion, national origin or physical handicap and must be used at an accredited college or university.

ELIGIBILITY

- Applicants must be accepted into an undergraduate nursing curriculum at an accredited college or university during the academic year for which the scholarship is given.
- Applicants must be Illinois residents and reside in a community considered part of Adventist Bolingbrook Hospital's service area. This includes the following zip codes: 60439, 60440, 60446, 60490, 60544, 60585, 60586, 60435, 60441, 60517, 60564, 60565.

SELECTION PROCEDURE

Scholarships are awarded solely on the basis of merit. The academic and extracurricular accomplishments along with the essay of each applicant are evaluated and scored according to pre-established criteria.

SCHOLARSHIP RECIPIENTS

The amount awarded in the scholarship, to be applied toward tuition, fees or books, will be sent directly to the school as designated by the scholarship recipient.

APPLICATION SUBMISSION

The applicant is responsible for gathering and submitting all information and necessary forms. Because selection will be based on the information supplied, it is important to answer each question as completely as possible. All information submitted is confidential and will be reviewed only by the Bolingbrook Hospital Foundation Scholarship Committee.

After completing the application, send it together with a current transcript of your grades to:

Bolingbrook Hospital Foundation
500 Remington Blvd.
Bolingbrook, IL 60440
Attn: Scholarship Committee

These documents must be postmarked no later than April 15.

Bolingbrook Hospital Foundation Nursing Scholarship Application

Please print or type. Use N/A where not applicable.

I. Personal Information:

Full Name _____
Last First Middle Initial

Social Security Number _____

Present Address

Street City State Zip

4. Phone Number: () _____

II. Educational Information – Please write an essay to include the following information

- 1a. What are your current or past extra-curricular activities?
- 1b. Why are you pursuing a career in nursing?
- 1c. What role do you feel that a hospital has in its local community?
- 1d. How do you intend to make a difference as a registered nurse?

2. What School will you attend? _____

3. Status - will you be enrolled full-time or part-time? _____

4. What is your expected graduation date? _____

HIGH SCHOOL _____ G.P.A. _____ ON A SCALE OF _____
_ for office use only

Consent for Release of Information

“I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Bolingbrook Hospital Foundation may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Bolingbrook Hospital Foundation Board is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.”

Signature of Applicant: _____

Date Completed: _____