

# Margie Gavin-Woods Healthcare Scholarship

## Statement of Purpose

The **Margie Gavin-Woods** scholarship is for an individual pursuing a course of instruction for a **healthcare-related career** and has made contributions to the community through their dedication, time, and talents.

The student has a passion for helping others and strives to improve the quality of life for the community they serve.

## Amount of Scholarship

This one-time scholarship may be used for tuition, books, and school fees. The amount of the scholarship will be determined based on the academic program.

## Deadlines

Completed application must be received by **May 15, 2022**, to:

**Deliver/Mail:**

Leslie Newbon  
Silver Cross Hospital  
1900 Silver Cross Blvd.  
New Lenox, IL 60451

**Email:**

SCHHCC@silvercross.org

## Criteria

Participants selected for scholarship funding must meet the following criteria:

- High school graduate or GED graduate
- Live within zip codes 60432, 60433, 60436, and 60441 Fairmont Area located in Incorporated Lockport Township
- Meet admission requirements to program of choice

## Contact Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City State ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_

Emergency Contact  
Name and phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Health Careers

### Clinical Positions

- ♦ R.N.
- ♦ C.N.A.
- ♦ Sterile Processing Tech
- ♦ OB/OR Tech
- ♦ Respiratory Tech
- ♦ Clinical Dietician
- ♦ Mental Health Tech
- ♦ Medical Doctor

### Imaging Technology

- ♦ CT
- ♦ MRI
- ♦ X-Ray
- ♦ Nuclear Medicine
- ♦ Mammography
- ♦ Ultra Sound

### Laboratory

### Phlebotomy

### Medical Technologist

### Medical Assistant

### Healthcare Administrator

### Pharmacy

- ♦ Pharmacy Tech
- ♦ Pharmacist

### Radiation Therapy

### Rehabilitation

- ♦ Occupational
- ♦ Physical
- ♦ Speech

### Radiation Therapist

## Educational Information

List schools attended or training received. Provide name of school and dates attended.

Trade or Vocational School: \_\_\_\_\_  
College / University: \_\_\_\_\_  
Military / **Other**: \_\_\_\_\_

Are you currently attending college or school?  Yes  No

Name of school you are currently attending.

\_\_\_\_\_

## General Information

Are you currently working?  Yes  No

Employer's Name \_\_\_\_\_

Have you previously applied for a Silver Cross Healthy Community Commission Scholarship?  Yes  No

Are you a recipient of a Silver Cross Healthy Community Commission Scholarship?  Yes  No

What is your course of study? \_\_\_\_\_

## Requirements

- 3 letters of reference (from people not related to you who are familiar with your life experience and your character).
- A personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the selection committee in its evaluation.
- A letter of acceptance/admission from the school of your choice to indicate admission requirements are met.

## Scholarship Application Process

- Applications must be completed and received by the deadline of to be considered for a scholarship.
- The Candidate will be notified if they are selected for an interview by May 20, 2022
- Prior to check distribution, each recipient must submit a class schedule.
- If you are awarded, please be available to attend an award reception on June 8<sup>th</sup>, 2022.
- For questions, please contact Leslie Newbon, Manager of Community Outreach, Silver Cross Hospital at [schhcc@silvercross.org](mailto:schhcc@silvercross.org).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date