



Hammond-Henry Hospital Foundation
Glenn & Betty DeSmith Health Career Scholarship Application

Please return the completed application, along with the following:

- Official transcript of college or other post-high school grades
• One letter of recommendation from a professional reference (i.e. teacher, counselor, employer)
• One letter of recommendation from a personal reference
• Proof of enrollment in a health career program from the institution you plan to attend in the upcoming academic year. Include your fall class schedule.
• Attach an additional page including a paragraph telling why you have chosen a health career. Please include your professional goal. Also explain any personal and/or financial special needs that you would like the selection committee to consider.

All material is to be submitted by June 1st at 5 p.m. Send to: Hammond-Henry Hospital Foundation
Attention: Foundation Office
600 N College Avenue
Geneseo, IL 61254
hhhfound@hammondhenry.com

Name _____ Phone _____

Address _____ Town _____ Zip Code _____

E-mail address _____

Age _____ Date of Birth _____ Last 4 digits of SS Number _____

High School I graduated from or community in which I currently reside:

Annawan _____ Cambridge _____ Geneseo/Atkinson _____

What college or university will you be attending? _____

School contact person - name and phone number _____

What degree do you expect to earn? _____

What year do you expect to complete your degree? _____

If not currently in school, how have you been occupied since leaving school? _____

Recent school activities: _____

Community/Church/Volunteer activities: _____

Honors and Recognitions (academic or other). List awards and dates: _____



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List your anticipated expenses and resources for the coming school year:

Expenses (per year)	Resources (per year)
Tuition & fees _____	Scholarships _____
Room _____	Loans _____
Board _____	Employment _____
Books/Supplies _____	Personal savings _____
Transportation _____	Parents or other relatives* _____
Personal/Other _____	
Total Expenses _____	Total Resources _____

*If your parents are assisting with your educational expenses, please complete the following:

Father's name _____	Mother's name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Number of siblings supported by your parents (including you) _____	

Marital status of applicant: Single _____ Married _____ Number of dependents _____

Employment History

Employer	Position Held	Dates	Full or part-time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Hammond-Henry Hospital Foundation may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Hammond-Henry Hospital Foundation 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 _____