



TO: Graduating Seniors attending High School in Coles or Douglas County

FROM: Sarah Bush Lincoln Health Foundation Scholarship Committee

RE: Lloyd & Selma Sweeney Scholarship Opportunities

Attached is an application for a new Scholarship Opportunity specifically for graduating seniors attending high school in Coles or Douglas Counties who are pursuing degrees in either Agriculture or Healthcare, or a Healthcare-Related Field. Please read the Eligibility and Requirements page, complete the Application and submit additional required paperwork. Each scholarship totaling up to \$5,000 will be awarded to graduating seniors in Spring 2018, to be used for the 2018-2019 School Year.

Please be sure to follow all directions carefully. Incomplete applications will not be considered.

Applications and other materials must be received by **March 1, 2018** at the following:

**Sarah Bush Lincoln Health Foundation
Sweeney Scholarship Committee
Attn: Amy Card
1000 Health Center Drive
Mattoon, Illinois 61938**

LEGAL CONSIDERATIONS

Due to changes resulting from the Tax Reform Act of 1986, scholarship funds no longer are considered exempt from income tax for recipients. If funds are used only for tuition and books at an accredited technical or vocational program, the recipient is not liable for additional income tax.

Due to changes resulting from the Tax Reform Act of 1986, any funds received from the Sarah Bush Lincoln Health System should be paid directly to your educational institution.



Lloyd & Selma Sweeney Scholarship Application

(Please type or print)

Personal Information

Full Name _____

Address: _____
Street

City _____ State _____ ZIP _____

Contact: _____
Mobile Phone _____ Home Phone _____

_____ Email Address _____ Birthdate _____

Father's Name: _____

Father's Address: _____
Street _____ City _____ State _____

Father's Occupation: _____ **Estimated Annual Income:** \$ _____

Mother's Name: _____

Mother's Address: _____
Street _____ City _____ State _____

Mother's Occupation: _____ **Estimated Annual Income:** \$ _____

Number/Ages of Siblings : _____ **Number of Siblings in College in 2018-2019** _____

Do you personally have other financial obligations (rent, auto loan, etc.)? No Yes - Amount due: \$ _____

Expected Educational Expenses (per academic year)

Tuition & Fees \$ _____

Books \$ _____

Room/Board \$ _____

Expected Resources to be applied to Educational Expenses (per academic year)

Self pay \$ _____

Parents/Family \$ _____

Loans \$ _____

Scholarships/Grants \$ _____

Educational Information

High School _____

Address _____

City _____

State _____

ZIP _____

Cumulative Grade Point Average: _____ (indicate scale – 4.0, 6.0, etc.)

What honors (academic or otherwise) have you received:

College/University you will attend in Fall 2018: _____

Address _____

City _____

State _____

ZIP _____

Residence Plans:

Dormitory

Home

Other _____

Course of Study (What will you major in?): _____

Why did you choose this major? _____

Professional Goal: _____

List jobs you have held; Include volunteer work:

Employer

Duty

Dates



AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

- 1) Current letters of recommendation from TWO of any of the following: teacher, principal, academic advisor, employer or clergy.
- 2) An official high school transcript sent directly from your High School to Sarah Bush Lincoln Health Foundation, 1000 Health Center Drive, Mattoon, Illinois 61938, Attn: Amy Card, Director.
- 3) Official Proof of Acceptance from the College/University that you will attend.
- 4) A typewritten, one-page profile of yourself, indicating why you are choosing to pursue your degree in Agriculture or Healthcare, future career goals and any other qualifications that you feel make you an ideal candidate to receive this scholarship.
- 5) Family's most recent Income Tax Return. (only those Income Tax Returns of those family members assisting with tuition need be submitted)

Application and the above information must be received in the Sarah Blush Lincoln Health Foundation no later than March 1, 2018.

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of any information in connected with the foregoing that in the sole judgement of the Planned Giving Committee of the Sarah Bush Lincoln Health Foundation may be of assistance in evaluating my application. The information that I have provided will be used solely for the evaluation of my scholarship and for no other purpose."

Name of Applicant: _____

Signature of Applicant: _____

Date Completed: _____