

HFMA Scholarship Application

All information is kept confidential

Personal Information

Name of Applicant (Print or type) _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone: _____ Evening Telephone: _____

E-mail Address: _____ Date of Birth: _____

Name of parent(s): _____ HFMA Member ID# _____

Educational Information

School you currently attend: _____

Name of school you plan to attend (*High School Seniors only*): _____

Address of school you will attend: _____

At the completion of the program, what degree is awarded? _____

Year of enrollment in program (Freshman, Sophomore, Jr., Sr., Masters) _____ and anticipated year of graduation: _____

Cumulative Grade Point Average (from latest semester of school completed): _____

Other schools or colleges attended, and degrees awarded _____

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Interests:

Special Recognition and Awards:

Community Involvement:

Extra-Curricular Activities:

Please share an instance in your life where you have overcome adversity:

Academic Recommendation Information

Include one letter of recommendation from a faculty member who is familiar with your academic skills:

Faculty Member's Name: _____

Title: _____

Institution: _____

How do you know this person? _____

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Letters of Recommendation

Include two letters of recommendation from individuals who know you personally and have knowledge of your capabilities:

Individual's Name: _____

Title: _____

Institution: _____

How do you know this person? _____

Individual's Name: _____

Title: _____

Institution: _____

How do you know this person? _____

Academic Status

Include your most recent original official transcript.

Essay/Testimonial Questions and Release Form

On a separate sheet(s) of paper, in 300 words or less (typed, double-spaced) describe your future plans and goals outlining the reasons you are applying for a scholarship. (i.e. include career goals, past work experience, how this HFMA scholarship will benefit you, and how you can make a difference.)

To complete your application, please submit the following:

1. This application form (all info must be completed or application will be denied).
2. Transcript from your registrar, which includes your course work through your most recent semester (high school records if applicable). You can also use latest report card if it shows cumulative GPA.

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3. One (1) academic recommendation from a faculty member who has knowledge of your capabilities.
4. Two (2) reference letters from individuals who have knowledge of your capabilities.
5. An essay (300 words or less) describing your future plans and goals outlining the reasons you are applying for a scholarship. (i.e. include career goals, past work experience, how this HFMA scholarship will benefit you, and how you can make a difference.)

Interviews will be conducted during the month of April/May for the finalists, either in person or via video conferencing, depending on the status of our pandemic.

By signing this application, I am certifying the accuracy and truthfulness of the information provided on this application.

Signature of Applicant

Date

Parent Signature

Date

Application Deadline: March 17, 2023

RETURN TO:

Vincent Pryor
Silver Cross Hospital
1900 Silver Cross Boulevard
New Lenox, IL 60451

Please direct any questions to Vince Pryor at vpryor@silvercross.org or (815) 300-7011.

Please note: Scholarship recipients and their parents will be recognized at the annual installation event and awards ceremony in July, 2023.