

## 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 [vprior@silvercross.org](mailto:vprior@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.***