

KIRBY AUXILIARYSM

1000 Medical Center Drive
Monticello, Illinois 61856

THE THOMAS DIXON MEMORIAL SCHOLARSHIP

APPLICATION FORM: 2024-2025

NOTE: Please print out the application and complete neatly. Each completed application will be scored using the Thomas Dixon Scholarship scoring rubric. You can view this rubric on the scholarship web page at the Kirby Medical Center website, www.kirbyhealth.org. **You must return the application and the following information to the Kirby Medical Center information desk by March 20, 2024.**

- a. **Two current letters of reference, one personal and one from a teacher, guidance counselor or college advisor, dated within the past twelve (12) months,**
- b. **proof of acceptance from an educational institution in an eligible health care related field of study (if not currently enrolled)**
- c. **official high school and/or official college transcript,**
- d. **available aptitude and achievement tests, and**
- e. **brief personal essay.**

This scholarship, given by the Kirby Auxiliary, is to be applied toward tuition fees, board and room, or books. It will be given to a qualified student in the Kirby Medical Center service area who is pursuing a field of study in health careers. Any student currently enrolled in or accepted into a certificate or degree conferring health care major or training program is eligible to apply. Students in a general course of study (i.e. pre-med or other pre-professional program, general education courses, liberal arts, etc.) or in veterinary medicine are NOT eligible to apply. Schools attended must be accredited or recognized as a legitimate institution but need not be a school in Illinois.

The recipient must be a full-time student (completing a minimum of 12 credit hours per semester to be considered full-time or as defined by the graduate program) and maintain a cumulative GPA of 3.6 on a 5-point scale or a 2.6 on a 4-point scale. The recipient must submit an official transcript at the end of each academic year. A student who is in good standing may reapply annually and may receive the Thomas Dixon Memorial Scholarship for up to, but not to exceed, six (6) semesters at an approved institution.

Furthermore, the recipient will not receive the award and is expected to return the award if the recipient changes schools, their major, their approved course of study or ceases to take classes for any reason. The recipient should notify the scholarship committee chairperson immediately of any of the following: (a) the recipient changes their school or major or course of study, (b) the recipient falls below 12 credit hours or full-time status if in graduate school during any semester, or (c) the recipient does not meet the GPA requirements for the scholarship.

Upon completion of the courses, the recipient is under no obligation to return to the Kirby Medical Center as an employee.

Mail or drop off completed application with required documents in a sealed envelope by **March 20, 2024** addressed to:

The Thomas Dixon Memorial Scholarship Committee
c/o Kirby Medical Center
ATTN: Kathy Sowinski
1000 Medical Center Drive
Monticello, Illinois 61856

KIRBY AUXILIARYSM

THE THOMAS DIXON MEMORIAL SCHOLARSHIP

APPLICATION FORM: 2024-2025

Date:

A. PERSONAL INFORMATION

1. Full Name: Date of Birth:
2. Email Address:
3. Phone:
4. Current Address:
5. County of Permanent Residence:
6. Permanent Address:
7. Marital Status: Single, Engaged, Married, Widowed, Divorced
8. Dependents (Include name, age, relationship)

B. EDUCATION & CAREER GOALS

9. What is your occupational goal?
10. Which school will you attend this fall?
11. What is your expected college graduation date?
12. In what course of study will you be enrolled and at what academic level?
13. Have you done post-high school study in a field other than the one indicated above?
14. If so, in what field and how do you explain your change of interest?

C. ACADEMICS & HONORS

15. List in chronological order all schools attended beyond elementary school (with addresses) and degrees earned.
16. List honors, academic or otherwise, received and when:

a. HS Applicants

b. Non-HS Applicants

D. EXTRACURRICULAR ACTIVITIES

17. Describe your involvement in **health or science-related fields or activities AND/OR non-health or science related fields or activities**, either for recreation, as a volunteer, or as an employee.

18. List all jobs you currently hold or have held (wages, employer, and type of work) and indicate whether they were full or part-time.

19. If you are not now in school, how have you been occupied since leaving school?

D. FINANCIAL INFORMATION (CONFIDENTIAL)

20. What is your best estimate of your financial costs per year including tuition, fees, books, room & board? \$

21. Did your family complete the Free Application for Federal StudentAid (FAFSA)? **Yes / No** If yes, what was your family's estimated contribution toward your education? \$

22. Did you complete the Free Application for Federal StudentAid (FAFSA)? **Yes / No** If yes, what was your estimated contribution toward your education? \$

23. Are you receiving any other financial aid, scholarship, etc.? **Yes / No**
If yes, please indicate what you are receiving and for how much?

24. If you or your family did not complete the FAFSA, please indicate you or your family's approximate gross income. \$

25. Family

a. Father's Name:

Place of employment:

Company Address

Occupation:

b. Mother's Name:

Place of employment:

Company Address

Occupation:

c. Ages of siblings:

How many in school? How many in college?

26. Spouse's Name (if married):

Place of employment:

Company Address

Occupation:

27. Who is the primary financial contributor to your support?

28. Do you personally contribute to the support of any other person(s) or have other financial obligations? If yes, please explain.
29. Financial need will be one of the criteria used by the selection committee. Since competition for scholarships may be great, it is to your advantage to clarify the need for financial assistance as completely as you see fit. In the space below, explain your present financial position.

E. PERSONAL ESSAY

30. Write a brief personal essay to address the following:

- a. What are your reasons for wishing to study in the healthcare-related professional field you have chosen? b. What particular qualifications do you feel you have for the healthcare-related occupation you have chosen? c. When did you decide on this field?
 - d. What were some of the factors (circumstances or individuals) that led to your decision?
 - e. What opportunities have you had so far to observe the practice of this profession?
 - f. What do you know about the training required, job opportunities, salary expectations in this field?
31. Have you included the following documents with your application? (Please check off.) If application is incomplete, it will not be considered.

- **two letters of reference, one personal and one from a teacher or guidance counselor/ college advisor, dated within the past twelve (12) months,**
- **proof of acceptance from an educational institution in an eligible health care related field of study(if not currently enrolled)**
- **official high school or official college transcript,**
- **available aptitude and achievement tests, and**
- **brief personal essay.**

32. Please review and sign the following Statement of Applicant:

If I am awarded a scholarship, it is my intention to complete the educational program contained in this application and to serve as a member of the profession for which I am prepared. I also agree to inform the Scholarship Committee Chairperson immediately if I change my major or field of study, am no longer interested in preparing myself for the profession indicated or if I am no longer a full-time student (minimum of 12 hours completed per semester or as defined by graduate school program). I understand that I will not receive the scholarship monies if I change my major or course of study, drop below 12 hours in a given semester, or fail to maintain a cumulative GPA of 3.6 on a 5 point scale or a 2.6 on a 4 point scale. I also understand that an official transcript must be submitted at the end of each academic year.

I understand that future scholarship monies are contingent upon funds received as memorials and donations may vary from one semester to another. I understand and agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Scholarship Committee.

Date Signature of Applicant

Signature of Parent/Guardian if applicant is a minor

Alphabetical Medical Career Listing

Updated 4/23 by Kirby Auxiliary Thomas Dixon Scholarship Committee

Due to changes in the healthcare system, this list is fluid and can be altered at the committee's discretion.

Allopathic Physician	Medical Illustrator
Athletic Trainer	Medical Laboratory Technician
Biomedical Engineer	Monitor Surveillance Technician
Biomedical Equipment Technician	Nuclear Medicine Technologist
Chiropractor	Nurse (Practical)
Clinical Laboratory Technician	Nurse (Registered)
Clinical Nurse Specialist	Nurse Anesthetist
Clinical Technologist	Nurse Midwife
Coding Specialist	Nurse Practitioner
Counselor	Nursing Assistant?Aide
Cytotechnologist	Nursing Home Administrator
Dental Assistant	Occupational Therapist
Dental Hygienist	Occupational Therapy Assistant?Aide
Dental laboratory Technician	Operating Room Technician
Dentist	Ophthalmic Technician
Dialysis Technician	Ophthalmologist
Dietetic Technician	Optical Laboratory Technician
Dietitian	Optician
Electrocardiograph Technician	Optometrist
Electroneurodiagnostic Technologist	Optometry Technician/Assistant
Emergency Medical Technician	Orthotist
Environmental Health Specialist	Osteopathic Physician
Epidemiologist	Patient Representative
Genetic Counselor	Perfusionist
Health Educator	Pharmacist
Health Information Specialist	Pharmacy Technician
Healthcare Administrator	Physical Therapist
Histologic Technician	Physical Therapy Assistant
Histologist	Physician, Allopathic
Hospital Administrator	Physician, Osteopathic
Home Health Aide	Physician? Assistant
Industrial Hygienist	Podiatrist
Kinesiology	Practical Nurse
Licensed Practical Nurse	Prosthetist
Medical Assistant	Psychiatric Aide/Technician

Continued Alphabetical Medical Career Listing

Psychiatrist
Psychologist
Public Health
Radiation Therapy Technologists
Radiation Therapist
Radiographer
Radiologic Technologist
Recreation Therapist
Respiratory Therapist
Respiratory Therapy Assistant
Registered Nurse
Research Scientist
Sanitarian
Social Worker
Sonographer
Speech Pathologist
Surgical Technologist
Ultrasound Technologist
X-Ray Technician