

SCHOLARSHIP APPLICATION

The Health CareeRx Club Committee is offering \$250 scholarships to two students who participated in at least one Health CareeRx Club activity during the 2016-17 academic year and who will be pursuing a career in a health-related profession. Eligible candidates should print, complete, sign, and scan this form. Submit both the scanned copy of this form and your Personal Statement (see below) electronically **no later than 5:00 p.m. on Friday, July 14, 2017** to lshumard-shelton@lakelandcollege.edu. If you have questions, please contact Lisa Shumard-Shelton at (217) 234-5254 or at the above email address.

Name		
Address		
Phone	Email	
Date of Birth (MM/DD/YY)	High School	
High School Graduation Year	Class Rank	Class Size
GPA ACT/SA	T Score	Health CareeRx Club Member? YES NO
If yes, which session(s) did you attend	1? (Check all that apply):	
Open House (Aug)	Chiropractic Care (Sep)	Family/Rural Medicine (Oct)
Pharmacy (Nov)	_ Fire/EMT/911 Dispatch (Jan)	Pediatrics—MD and NP (Feb)
AirEvac/Emergenc	y Services (Mar) Colleg	ge Fair (Apr) Not Applicable
	ldress each of the below questi ons and your educational plans	s to meet these goals? solidifying your educational goals?
Please prepare your personal statemer essay to no more than one page. The t		nmar, to address the three questions. Limit your d in MS Word or pdf formats.
ALL INFORMATION IS SUBJECT	TO VERIFICATION	
		a scholarship, I authorize the Health CareeRx cipient of this scholarship for publicity purposes.
Student's Signature		Date

Health CareeRx Club Partners: Area Health Education Centers, Boy Scouts of America, Carle, Eastern Illinois Education for Employment System, Eastern Illinois University, Lake Land College, Sarah Bush Lincoln Health System, and Southern Illinois University School of Medicine.

Funds for this scholarship are provided by the Illinois Area Health Education Center Network.