



MORRIS HOSPITAL
FOUNDATION

150 West High Street
Morris, IL 60450
815.942.2932

www.morrishospital.org/support-us/foundation/

February 15, 2019

To whom it may concern:

The Morris Hospital Foundation is pleased to once again offer scholarships to students from the Morris Hospital service area who are pursuing an education in healthcare. These scholarships are intended to encourage education in any health-related course of study while enhancing the availability of healthcare providers in our community.

A total of up to \$10,000 in awards will be available this year:

- The Morris Hospital Foundation Scholarship - \$1,000 (up to 3 available only for Morris Hospital employees and/or their dependents pursuing an education in healthcare)
- The Carol Harrington Endowed Morris Hospital Foundation Scholarship - \$1,000 Available to students pursuing an education in healthcare. Applicants must be Illinois residents and reside in a community considered part of the Hospital's service area.
- The Relucio Family Healthcare Scholarship - \$1,000 Available to students pursuing an education in healthcare. Applicants must be Illinois residents and reside in a community considered part of the Hospital's service area.
- The Hugo Avalos Endowed Scholarship - up to \$5,000 available for students either accepted into or currently enrolled in an accredited medical school, physician's assistant school, or nurse practitioner's school for the academic year for which the scholarship is given. **(See enclosed policy for award criteria. Note that a separate application is required only for this scholarship.)**
- **NOTE:** The Betty J. Sterritt Endowed Fund for Nursing Scholarship is not applicable for 2019; it will be available again in 2020.

Students may apply for as many scholarships as they would like by checking the appropriate boxes on the enclosed Scholarship application. **Please do not staple or double side print the scholarship when submitting the application.** All materials must be **postmarked by April 1, 2019**, with winners notified in May. If a student from your school is selected, we hope to have the opportunity to present the scholarship during an awards ceremony.

If you have any questions regarding these scholarships, please call 815-705-7021.

Sincerely,

Hannah Wehrle
Auxiliary and Foundation Officer, Morris Hospital

Enclosures

**Morris Hospital Foundation
Scholarship Application**

Because the evaluation will be based on the information supplied, it is important that applicants answer every question as completely as possible. All information submitted is confidential and will be reviewed by the Morris Hospital Scholarship Selection Committee as well as Hospital Staff. *Please print or type. Use N/A where not applicable.*

I. Personal Information:

1. Full Name

Last	First	Middle Initial
------	-------	----------------

2. Present Address

Street	City	State	Zip
--------	------	-------	-----

3. Phone Number: () _____

4. E-mail Address _____

5. Are you a current Morris Hospital employee? ___ YES or ___ NO

6. Are you a dependent of a Morris Hospital employee? ___ YES or ___ NO

If you are a dependent of a Morris Hospital employee, please provide the name of your parent or legal guardian currently working at Morris Hospital.

Name of Morris Hospital employee

7. Are you related to (parent, grandparent, child, grandchild, sibling or in-law) any officer or director of Morris Hospital or the Foundation, or anyone who has made substantial donations to the Hospital and/or the Foundation in the past five years? ___ YES or ___ NO

II. Educational Information

1. Please select if you are currently enrolled in ___ HIGH SCHOOL or ___ COLLEGE

2. Please list your anticipated graduation date of high school or college (Month and Year) _____

3. What is your most current G.P.A.? (Please include grading scale ie: 3.5 on a 4.0 grading scale)
_____ on a _____ grading scale

4. What is the course of study you are/will be pursuing? _____

5. Please list what school you are/will attend _____

6. While attending school, will you be ___ FULL TIME or ___ PART-TIME

7. List in chronological order all schools attended beyond elementary school, addresses and degrees or diplomas granted.

Name	Address	Degree	Yr. Graduated / Degree Received

8. What honors (academic or otherwise) have you received and when?
- _____
- _____
- _____

III. Occupational Information:

1. In what health or science-related fields or activities have you been involved, whether for recreation, as a volunteer, or as an employee?
- _____
- _____
- _____
2. List all jobs you have held (dates, employer, and type of work) and indicate whether they were full-time or part-time. Also include any volunteer work you have done.
- _____
- _____
- _____

IV. Education Expenses:

1. What are your anticipated expenses for the upcoming academic year?
- | | |
|------------------|----------|
| Tuition and fees | \$ _____ |
| Room | \$ _____ |
| Board | \$ _____ |
| Books & Supplies | \$ _____ |
| Transportation | \$ _____ |
2. How do you plan on paying for your education?
- | | |
|--|----------|
| Parents | \$ _____ |
| Personal Savings | \$ _____ |
| Employment | \$ _____ |
| Loans | \$ _____ |
| Scholarship/Grant | \$ _____ |
| Morris Hospital Tuition Assistance Program | \$ _____ |
| Other _____ | \$ _____ |

V. Short Essay (1-2 pages)

Please write a brief essay including the following information:

1. Why are you pursuing a career in healthcare?
2. What qualifications do you have to pursue your education for your chosen profession?
3. What role do you feel that a hospital has in its local community?

VI. I would like this application considered for the following scholarship(s):

- The Morris Hospital Foundation Scholarship (up to 3 available for Morris Hospital employees and/or their dependents pursuing undergraduate education in healthcare) - \$1,000 each
- The Carol Harrington Endowed Morris Hospital Foundation Scholarship - \$1000 (available to students pursuing undergraduate education in healthcare)
- The Relucio Family Healthcare Scholarship - \$1,000 (available to students pursuing undergraduate education in healthcare)
- The Betty J. Sterritt Nursing Scholarship- up to \$4,000 over two years (available to students from Grundy County who are currently enrolled in coursework leading to a nursing degree)

An additional scholarship is available for students enrolled in post-graduate education to become a physician, physician's assistant or nurse practitioner. For more information on the Hugo Avalos Endowed Scholarship, please contact the Morris Hospital Foundation at 815-705-7021 or hwehrle@morrishospital.org.

As part of your application, please submit:

- 1) At least two **CURRENT** letters of reference selected from teacher, counselor, employer, supervisor, or clergy. Letters from previous applications submitted will **NOT** be accepted. Have letters sent directly to: Morris Hospital Foundation, 150 W. High St. Morris, IL 60450.
- 2) Your **most recent** academic transcript. If you are a current high school student, this should be your high school transcript. If you are a current undergraduate student, this should be your college transcript.
- 3) Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.

All materials must be postmarked by date noted on application packet cover letter.

Date Completed: _____



POLICY:	MORRIS HOSPITAL FOUNDATION SCHOLARSHIP		
APPROVAL:	MORRIS HOSPITAL FOUNDATION BOARD OF DIRECTORS, MORRIS HOSPITAL BOARD OF DIRECTORS		
EFFECTIVE DATE: 2/1/2016	CURRENT REVIEW/REVISION DATE: 12/15	SUPERSEDES: 4/03; 2/06; 2/07; 8/10, 9/12	ORIGINAL EFFECTIVE DATE: 7/01
DEPARTMENT SPECIFIC		FOUNDATION	

I. Purpose

The Morris Hospital Foundation Scholarship Program is available to assist employees of Morris Hospital & Healthcare Centers (the “Hospital”) and the children of such employees, in obtaining post-high school education in health-related courses of study. By offering scholarships to Hospital employees and/or their children, the Morris Hospital Foundation (the “Foundation”) provides employees with an opportunity to contribute to a fund that could benefit their co-workers and encourage individuals to pursue careers in healthcare.

Exceptions to this policy may be made from time to time due to extenuating circumstances. Scholarships may be granted outside of the process at the discretion of the Foundation Board.

II. Policy

The Foundation shall award scholarships on an annual basis to employees or children of employees who are pursuing health-related courses of study. Such scholarships shall be in the amount of \$1,000. Scholarships may be used at an accredited college, university, or vocational/technical school. Scholarships shall be awarded competitively based on applicant merit, without reference to race, sex, religion, national origin, or physical handicap. Scholarships are not intended to constitute compensation for past, present, or future services, nor as an inducement to accept future employment.

III. Procedure

A. Eligibility

1. Applicants must be either: 1) a regular part-time or full-time employee of the Hospital with at least one year of service at the time of application; or 2) the dependent, unmarried child of a regular part-time or full-time Hospital employee with at least one year of service at the time of application.

To qualify as the child of an employee, applicants must be the:

- a. Natural child of an employee;
 - b. Legally adopted child or legal ward of an employee;
 - c. Stepchild of an employee whose spouse has legal custody of the child;
 - d. Stepchild of an employee whose spouse has primary responsibility for their financial support.
2. Applicants must be either accepted into or currently enrolled in a health-related curriculum at an accredited college, university, or vocational/technical school during the academic year for which the scholarship is given.
 3. Applicants must be Illinois residents.

B. Application Process

1. An application process shall be undertaken annually, leading toward the selection of recipients in the spring of each year.
2. Applicant shall complete the attached application form entitled “Morris Hospital Foundation Scholarship Application”. The applicant is responsible for gathering and submitting all information and forms necessary for the selection of a scholarship recipient. Applicants must forward the completed application, along with a current authenticated transcript of their grades, to: Morris Hospital Foundation, 150 West High Street, Morris, IL 60450.
3. All applications must be postmarked on or before the scholarship deadline.
4. Foundation representatives shall treat all applications as confidential.

C. Selection of Recipients by Committee

1. All scholarship applications shall be reviewed by a committee designated by the Foundation Board.
2. Scholarships shall be awarded on the basis of merit, with consideration also given to community service. The academic, extracurricular and employment accomplishments of each applicant shall be evaluated and scored according to pre-established criteria, noted in **Attachment A**. Consideration may also be given to the individual character and motivation of applicants, as revealed in their written applications, letters of reference, or other circumstances.
3. If an application is received from an applicant who is related to (parent, grandparent, child, grandchild, sibling or in-law) any officer or director of Morris Hospital or the Foundation, or anyone who has made substantial donations to the Hospital and/or the Foundation in the past five years, utmost caution shall be taken to ensure that the application is reviewed based solely on the merit of the applicant. If, based on all facts and circumstances, the application cannot be viewed without improper bias or influence (whether actual or perceived); the Committee shall decline to consider the application and shall notify the applicant accordingly.
4. If an application is received from an applicant who is related to a member of the selection committee, under no circumstances shall such Committee member participate in or be present for the review, discussion or consideration of such application.
5. Scholarship applicants shall be notified of the outcome in writing.
6. Any applicant not selected in one year may reapply in any later year for which he or she is eligible.

D. Disbursement of Scholarships and Accounting

1. Scholarships may be applied toward tuition, fees or books, as designated by the scholarship recipient. Scholarship amounts may not be applied toward room, board, or incidental living expenses.
2. Scholarships awarded shall be forwarded by the Foundation directly to the school. In all other respects, scholarship funds shall be handled in a consistent manner.
3. Any tax issues associated with the scholarship shall be handled by the Accounting Department.

E. Renewals for Subsequent Years

1. Depending on the particular scholarship awarded, recipients may in some cases qualify for additional scholarship awards for successive academic years until the course of study or degree program for which the application was made has been completed. Students must re-apply in order to be considered for a renewal scholarship.
2. A maximum of four scholarship awards shall be granted to any one student. Awards shall be granted for undergraduate and post-graduate study only.
3. Renewal of a Foundation scholarship during the term of an educational program shall require the recipient to maintain a grade point average of 3.0 on a 4.0 scale (or 2.5 on a 4.0 scale for the freshman year only), and shall further require the recipient to remain in good academic and disciplinary standing. The foregoing shall be evidenced by a transcript submitted in connection with the recipient's renewal application.
4. If a recipient ceases to be enrolled at the designated school while the award is in effect, a pro rata portion of the scholarship awarded must be returned, based on the portion of the academic year remaining (to the extent feasible based on the school's tuition refund policy).

F. Record-Keeping

1. The Foundation shall maintain complete and accurate records of its scholarship application, selection, and disbursement processes. With respect to each scholarship recipient, the Foundation shall maintain a file containing:
 - a. Name and address
 - b. Completed application and attachments
 - c. Date of review by Committee
 - d. Amount of scholarship award
 - e. Date(s) of disbursement
 - f. If renewed, transcripts evidencing academic performance

IV. Review

This policy will be reviewed every three years by the Foundation and Hospital Boards.

Forms:

Morris Hospital Foundation Scholarship Application

Approval:

**Noreen Dollinger, President
Morris Hospital Foundation**

**Kelly Beaty, President
Board of Directors,
Morris Hospital & Healthcare Centers**

Attachment A

Criteria for Selecting Scholarship Recipients

**See corresponding policy for additional considerations.*

1. Academic Performance (at high school, college, or graduate school level, if applicable)
 - a. GPA
 - b. Class rank
 - c. Course load and courses completed
2. Extracurricular Performance
 - a. Awards received
 - b. Honors achieved
3. Community Service
 - a. Volunteerism
 - b. Community involvement
4. Employment (if applicable)
 - a. Performance (as indicated in letters of reference)
 - b. Relevance to career aspiration



People You Know.
Extraordinary Care.

PROCESS:	THE CAROL HARRINGTON ENDOWED MORRIS HOSPITAL FOUNDATION SCHOLARSHIP PROGRAM		
APPROVAL:	MORRIS HOSPITAL FOUNDATION BOARD OF DIRECTORS; MORRIS HOSPITAL BOARD OF DIRECTORS		
EFFECTIVE DATE: 12/1/2015	CURRENT REVIEW/REVISION DATE: 10/15	SUPERSEDES: 4/05; 2/06; 2/07; 8/07; 4/08; 7/10; 8/10, 9/12	ORIGINAL EFFECTIVE DATE: 4/05
DEPARTMENT SPECIFIC		FOUNDATION	

I. Purpose

The Carol Harrington Endowed Morris Hospital Foundation Scholarship Program is available to assist students residing within the service area of Morris Hospital & Healthcare Centers (the “Hospital”) in obtaining post-high school education in health-related courses of study. By offering scholarships to local students pursuing health-related educations, the Foundation seeks to enhance the availability and qualifications of healthcare professionals, thereby promoting access to quality healthcare services for the benefit of the public.

Exceptions to this process may be made from time to time due to extenuating circumstances. Scholarships may be granted outside of the process at the discretion of the Foundation Board.

II. Process

Morris Hospital Foundation (the “Foundation”) shall award scholarships on an annual basis to local students who are pursuing a health-related course of undergraduate study. Types of health courses might include but are not limited to: nursing, pharmacy, physical therapy, nutrition, medical technology, laboratory and radiology. Because of the endowed nature of these scholarships, the Foundation Board of Directors annually shall determine the number and amount of scholarships to bestow, based on the available income generated by the endowed principal. Management of the endowed fund shall follow standard Foundation practices for endowed funds.

Scholarships may be used at an accredited college, university or vocational/technical school. Scholarships shall be awarded competitively based on applicant merit, without reference to race, sex, religion, national origin or physical handicap. Scholarships are not intended to constitute compensation for past, present or future services, nor as an inducement to accept future employment.

III. Procedure

A. Eligibility

1. Applicants must be Illinois residents and reside in a community considered part of the Hospital’s service area. This includes the following zip codes: 60407, 60408, 60410, 60416, 60420, 60424, 60437, 60444, 60447, 60450, 60470, 60474, 60479, 60481, 60541, 61341, 61350, 60560, and 61360.
2. Applicants must be either accepted into, or currently enrolled in, a health-related curriculum at an accredited college, university or vocational/technical school during the academic year for which the scholarship is given.

B. Application Process

1. Each year, the Foundation shall send to community high schools, local universities, and the local media communications pieces designed to inform students and their families of the availability of these endowed scholarships.
2. Thereafter, an application process shall be undertaken, leading toward the selection of recipients in the spring of each year.
3. Applicants shall complete the attached application form entitled "Morris Hospital Foundation Scholarship Application." The applicant is responsible for gathering and submitting all information and forms necessary for the selection of a scholarship recipient. Applicants must forward the completed application, along with a current authenticated transcript of their grades, to: Morris Hospital Foundation, 150 West High Street, Morris, IL 60450.
4. All applications must be postmarked on or before the scholarship deadline.
5. Foundation representatives shall treat all applications as confidential.

C. Selection of Recipients by Committee

1. All scholarship applications shall be reviewed by a committee of Auxiliary and Foundation Board members as well as hospital staff.
2. Scholarships shall be awarded solely on the basis of merit. The academic, extracurricular and employment accomplishments of each applicant shall be evaluated and scored according to pre-established criteria, noted in **Attachment A**. Consideration may also be given to the individual character and motivation of applicants, as revealed in their written applications, letters of reference, or other circumstances.
3. If an application is received from an applicant who is related to (parent, grandparent, child, grandchild, sibling or in-law) any officer or director of Morris Hospital, the Auxiliary, or the Foundation, or anyone who has made substantial donations to the Hospital and/or the Foundation in the past five years, utmost caution shall be taken to ensure that the application is reviewed based solely on the merit of the applicant. If, based on all facts and circumstances, the application cannot be viewed without improper bias or influence (whether actual or perceived); the committee shall decline to consider the application and shall notify the applicant accordingly.
4. If an application is received from an applicant who is related to a member of the selection committee, under no circumstances shall such Committee member participate in or be present for the review, discussion or consideration of such application.
5. Scholarship applicants shall be notified of the outcome in writing.
6. Any applicant not selected in one year may reapply in any later year for which he or she is eligible.

D. Disbursement of Scholarships and Accounting

1. Scholarships may be applied toward tuition, fees or books, as designated by the scholarship recipient. Scholarship amounts may not be applied toward room, board, or incidental living expenses.
2. Scholarships awarded shall be forwarded by the Foundation directly to the school. In all other respects, scholarship funds shall be handled in a consistent manner.
3. Any tax issues associated with the scholarship shall be handled by the Accounting Department.

E. Renewals for Subsequent Years

1. Depending on the particular scholarship awarded, recipients may in some cases qualify for additional scholarship awards for successive academic years until the course of study or degree program for which the application was made has been completed. Students must re-apply in order to be considered for a renewal scholarship (however, such students shall not be required to submit additional letters of reference or proof of acceptance from the educational institution attended).

2. A maximum of four scholarship awards shall be granted to any one student. Awards shall be granted for undergraduate study only.
3. Renewal of a Foundation scholarship during the term of an educational program shall require the recipient to maintain a grade point average of 3.0 on a 4.0 scale (or 2.5 on a 4.0 scale for the freshman year only), and shall further require the recipient to remain in good academic and disciplinary standing. The foregoing shall be evidenced by a transcript submitted in connection with the recipient's renewal application.
4. If a recipient ceases to be enrolled at the designated school while the award is in effect, a pro rata portion of the scholarship awarded must be returned, based on the portion of the academic year remaining (to the extent feasible based on the school's tuition refund policy).

F. Record-Keeping

1. The Foundation shall maintain complete and accurate records of its scholarship application, selection and disbursement processes. With respect to each scholarship recipient, the Foundation shall maintain a file containing:
 - a. Name and address
 - b. Completed application and attachments
 - c. Date of review by Committee
 - d. Amount of scholarship award
 - e. Date(s) of disbursement
 - f. If renewed, transcripts evidencing academic performance

IV. Review

This process shall be reviewed every three years by the Foundation and Hospital Boards.

Forms:

Morris Hospital Foundation Scholarship Application

Approval:

**Noreen Dollinger, President,
Morris Hospital Foundation**

**Kelly Beaty, Chairman,
Board of Directors,
Morris Hospital & Healthcare Centers**

Attachment A

Criteria for Selecting Scholarship Recipients

**See corresponding program information for additional considerations.*

1. Academic Performance (at high school, college, or graduate school level, if applicable)
 - a. GPA
 - b. Class rank
 - c. Course load and courses completed
2. Extracurricular Performance
 - a. Awards received
 - b. Honors achieved
3. Community Service
 - a. Volunteerism
 - b. Community involvement
4. Employment (if applicable)
 - a. Performance (as indicated in letters of reference)
 - b. Relevance to career aspiration

The Relucio Family Endowed Fund for Healthcare Scholarships

Eligibility

- Applicants must be Illinois residents and reside in a community considered part of the Hospital's service area. This includes the following zip codes: 60407, 60408, 60410, 60416, 60420, 60424, 60437, 60444, 60447, 60450, 60470, 60474, 60479, 60481, 60541, 61341, 61350, 60560, and 61360.
- Applicants must be either accepted into, or currently enrolled in, a health-related curriculum at an accredited college, university or vocational/technical school during the academic year for which the scholarship is given.

Application Process

- Each year, the Foundation shall send to community high schools and the local media communications pieces designed to inform students and their families of the availability of these endowed scholarships.
- Thereafter, an application process shall be undertaken, leading toward the selection of recipients in the spring of each year.
- Applicants shall complete the attached application form entitled "Morris Hospital Foundation and Auxiliary Scholarship Application." The applicant is responsible for gathering and submitting all information and forms necessary for the selection of a scholarship recipient. Applicants must forward the completed application, along with a current authenticated transcript of their grades, to: Morris Hospital Foundation, 150 West High Street, Morris, IL 60450.
- All applications must be postmarked on or before the scholarship deadline.
- Foundation representatives shall treat all applications as confidential.

Selection of Recipients by Committee

- All scholarship applications shall be reviewed by a committee designated by the Auxiliary and Foundation Boards.
- Scholarships shall be awarded on the basis of merit, with consideration also given to community service. The academic, extracurricular and employment accomplishments of each applicant shall be evaluated and scored according to pre-established criteria, noted in the scholarship application. Consideration may also be given to the individual character and motivation of applicants, as revealed in their written applications, letters of reference, or other circumstances.
- If an application is received from an applicant who is related to (parent, grandparent, child, grandchild, sibling or in-law) any officer or director of Morris Hospital or the Foundation, or anyone who has made substantial donations to the Hospital and/or the Foundation in the past five years, utmost caution shall be taken to ensure that the application is reviewed based solely on the merit of the applicant. If, based on all facts and circumstances, the application cannot be viewed without improper bias or influence (whether actual or perceived); the Committee shall decline to consider the application and shall notify the applicant accordingly.

- If an application is received from an applicant who is related to a member of the selection committee, under no circumstances shall such committee member participate in or be present for the review, discussion or consideration of such application.
- Scholarship applicants shall be notified of the outcome in writing.
- Any applicant not selected in one year may reapply in any later year for which he or she is eligible.

Disbursement of Scholarships and Accounting

- Scholarships may be applied toward tuition, fees or books, as designated by the scholarship recipient. Scholarship amounts may not be applied toward room, board, or incidental living expenses.
- Scholarships awarded shall be forwarded by the Foundation directly to the school. In all other respects, scholarship funds shall be handled in a consistent manner.
- Any tax issues associated with the scholarship shall be handled by the Accounting Department.

Renewals for Subsequent Years

- Depending on the particular scholarship awarded, recipients may in some cases qualify for additional scholarship awards for successive academic years until the course of study or degree program for which the application was made has been completed. Students must re-apply in order to be considered for a renewal scholarship.
- A maximum of four scholarship awards shall be granted to any one student. Awards shall be granted for undergraduate study only.
- Renewal of a Foundation scholarship during the term of an educational program shall require the recipient to maintain a grade point average of 3.0 on a 4.0 scale (or 2.5 on a 4.0 scale for the freshman year only), and shall further require the recipient to remain in good academic and disciplinary standing. The foregoing shall be evidenced by a transcript submitted in connection with the recipient's renewal application.
- If a recipient ceases to be enrolled at the designated school while the award is in effect, a pro rata portion of the scholarship awarded must be returned, based on the portion of the academic year remaining (to the extent feasible based on the school's tuition refund policy).

Record-Keeping

- The Foundation shall maintain complete and accurate records of its scholarship application, selection and disbursement processes. With respect to each scholarship recipient, the Foundation shall maintain a file containing:
 - Name and address
 - Completed application and attachments
 - Date of review by Committee
 - Amount of scholarship award
 - Date(s) of disbursement
 - If renewed, transcripts evidencing academic performance



People You Know.
Extraordinary Care.

PROCESS:	HUGO AVALOS ENDOWED SCHOLARSHIP		
APPROVAL:	MORRIS HOSPITAL FOUNDATION BOARD OF DIRECTORS; MORRIS HOSPITAL BOARD OF DIRECTORS		
EFFECTIVE DATE: 12/1/2015	CURRENT REVIEW/REVISION DATE: 10/15	SUPERSEDES: 3/09; 7/10; 8/10, 9/12	ORIGINAL EFFECTIVE DATE: 3/09
DEPARTMENT SPECIFIC		FOUNDATION	

I. Purpose

The Hugo Avalos Scholarship Program is available to provide financial assistance to students residing in Illinois who have been accepted into or are currently enrolled in an accredited college/university for the purpose of becoming a physician or mid-level practitioner, such as a physician’s assistant or nurse practitioner. By offering scholarships to students pursuing a career as a physician, physician’s assistant or nurse practitioner, the Foundation and the Medical Staff of Morris Hospital & Healthcare Centers (“Hospital”) seek to assist students with some of the financial burden associated with their course of study, while paying tribute to a physician who spent his career serving the healthcare needs of area residents.

Exceptions to this process may be made from time to time due to extenuating circumstances. Scholarships may be granted outside of the process at the discretion of the Foundation Board.

II. Process

The Morris Hospital Foundation shall award scholarship(s) on an annual basis to Illinois student(s) who have been accepted into an accredited school for the purpose of becoming a physician, physician’s assistant, or nurse practitioner. Because of the endowed nature of this scholarship, the Foundation Board of Directors annually shall notify the physician selection committee as to the amount of money available from income generated from the endowed principal for the upcoming scholarship year. Management of the endowed fund shall follow standard Foundation practices for endowed funds.

Scholarships shall be awarded competitively based on applicant merit, without reference to race, sex, religion, national origin or physical handicap. Consideration shall be given to students who currently reside, or have previously resided in, the Morris Hospital service area. Preference will be given to students who meet the aforementioned criteria and have also served in the military, Peace Corps or a similar service learning program. Scholarships are not intended to constitute compensation for past, present or future services, nor as an inducement to accept future employment. Scholarships shall be awarded in amounts of up to \$5,000 per recipient per academic year.

III. Procedure

A. Eligibility

1. Applicants must be or have been a resident of the State of Illinois.
2. Applicants must be either accepted into or currently enrolled in an accredited medical school, physician’s assistant school, or nurse practitioner’s school for the academic year for which the scholarship is given.

B. Application Process

1. Each year, the Foundation shall notify local media and the appropriate schools about the availability of this endowed scholarship.
2. Over the next 60 days, the application process shall be undertaken.

3. Applicants must forward the completed application to: Morris Hospital Foundation, 150 West High Street, Morris, IL 60450 by the application deadline.
4. Medical Staff, Foundation representatives, and committee members shall treat all applications as confidential.

C. Selection of Recipients

1. All scholarship applications shall be reviewed by a committee, consisting of members of the Medical Staff and others designated by the Foundation Board.
2. Scholarships are awarded solely on the basis of merit. Academic performance will be evaluated based on the undergraduate college/university GPA. If applicable, medical school, physician's assistant school, or nurse practitioner's school academic performance to date will also be considered. Consideration will also be given to the individual character and motivation of applicants, as revealed in their written essay, letters of reference and interview (if conducted).
3. Preference will be given to applicants with service to the military, Peace Corps or other service learning program, as well as those who have resided or currently reside in the Morris Hospital service area, and those with demonstrated community involvement.
4. If an application is received from an applicant who is related to (parent, grandparent, child, grandchild, sibling, or in-law) any officer or director of Morris Hospital, the Auxiliary, and/or the Foundation, or anyone who has made substantial donations to the Hospital and/or the Foundation in the past five years, utmost caution shall be taken to ensure that the application is reviewed based solely on the merit of the applicant. If based on all facts and circumstances, the application cannot be viewed without improper bias or influence (whether actual or perceived); the committee shall decline to consider the application and shall notify the applicant accordingly.
5. The committee shall inform the Foundation regarding their selection(s) and the Foundation shall begin to process the scholarship.
6. Scholarship applicants shall be notified in writing and, when possible, Medical Staff, members of the Avalos family, and representatives from Grundy Bank shall be involved in presenting the award(s) to the student recipient(s).
7. Any applicant not selected in one year may reapply in any later year for which he or she is eligible.

D. Disbursement of Scholarships and Accounting

Scholarship awards are forwarded by the Foundation directly to the appropriate school.

E. Renewals for Subsequent Years

Recipients may, in some cases, qualify for additional scholarship awards for successive academic years until the course of study for which the application was made has been completed. Students must re-apply in order to be considered for a renewal scholarship.

F. Record-Keeping

The Foundation Office shall maintain complete records of its scholarship program indefinitely.

IV. Review

This process shall be reviewed every three years by the Foundation and Hospital Boards.

Approval:

Noreen Dollinger, President,
Morris Hospital Foundation

Kelly Beaty, Chairman,
Morris Hospital Board of Directors

Hugo Avalos Scholarship Application

All information submitted is confidential and will only be reviewed by members of the Morris Hospital Medical Staff, the Morris Hospital Foundation, and the selection committee. If selected as a winner, basic information may be used by consent for publicity purposes (name, hometown, school and course of study, etc). Please print or type. Use N/A where not applicable.

I. Personal Information:

A. Full Name:

Last	First	Middle Initial
------	-------	----------------

B. Present Address:

Street	City	State	Zip
--------	------	-------	-----

C. Phone Number: () _____

D. If you are you related to any member of the Morris Hospital Medical Staff, or to any officer/director of Morris Hospital or its Foundation, please provide his/her name(s).

II. Please provide the following:

- A. An official transcript from your undergraduate College/University.
- B. An essay describing why you have chosen to pursue a career in medicine and whether your aspiration is to become a physician, physician's assistant, or nurse practitioner.
- C. Information regarding any honors, publications, research, or other accomplishments.
- D. Official proof of acceptance or enrollment in your appropriate school and expected completion date.
- E. Three letters of reference from fellow students, professors/instructors, or practicing physicians or mid-level practitioners, sent directly to: Morris Hospital Foundation, 150 W. High St., Morris, IL 60450.

Signature of Applicant: _____

Date Completed: _____