



**SAINT JAMES-JOHN W. ALBRECHT
MEDICAL CENTER**

**OSF SAINT JAMES-JOHN W. ALBRECHT MEDICAL CENTER/AUXILIARY
HEALTHCARE CAREERS EDUCATIONAL ASSISTANCE APPLICATION**

- 1. Full Name: _____
- 2. Present Address: _____ Phone # _____
 _____ Cell # _____
- 3. Permanent Address & Phone # (same as above): _____

- 4. Date of Birth: _____ Social Security #: _____
- 5. Marital Status: _____ 6. Spouse's Name: _____
- 7. Dependents (*Name, age and relationship*): _____

- 8. What is your professional occupational goal: _____

- 9. What school will you attend this fall: _____

- 10. Full-time or Part-time: _____ 11. Expected Graduation Date: _____
- 12. If part-time, specify what else you will be doing: _____

- 13. Residence Plans: *Dormitory* _____ *Home* _____ *Other (Specify)* _____
- 14. What is your course of study: _____
- 15. What is your expected academic level as of September _____
- 16. What is your cumulative grade point average: _____
- 17. If a college undergraduate, what major, if any, have you declared: _____

18. Have you taken post-high school study in a field other than that which you will be in this fall? If so, what course(s) and how do you explain your change of interest: _____

19. Have you applied for or will you be receiving other financial awards/scholarships/grants for the next year? If yes, please explain:

20. What particular qualifications do you feel you have for the occupation you have chosen? When did you decide on this field, and what were some of the factors which led to your decision: _____

21. Discuss how OSF Saint James Medical Center has benefited your family or you: _____

22. Please explain how you see yourself contributing to the future of healthcare in your local community:

23. **Personal Essay (for High School Students only).** Essay should be approximately 350 words, well developed and focused on your motivation for a healthcare career. Briefly state your long-term education professional goals and discuss your most challenging, exciting or enriching intellectual experience.

**Please type your essay on 8½” x 11” paper and attach to this application.
Be certain to identify it with your name and Item #23.**

24. **Letters of Recommendation:** List the names and addresses of the **four (4)** persons who are writing your letters of recommendation. **Two (2)** must be academic letters of recommendation (forms included) attesting to your academic achievement, goals and character. **Two (2)** must be a non-family character reference letter; i.e. a former employer. Each recommendation must be submitted in a sealed envelope with the writer's signature written across the flap. We require these letters be submitted along with your application.

Academic Reference _____

Address: _____

Academic Reference _____

Address: _____

Former Employer Reference _____

Address: _____

Former Employer Reference _____

Address: _____

Information in this section regarding FAMILY need not be completed if you are completely self-supporting.

1. Father's Name: _____

Father's occupation and approximate income: _____

2. Mother's Name: _____

Mother's occupation and approximate income: _____

3. If married, spouse's occupation and approximate income: _____

4. Number and ages of any siblings/dependents: _____

5. How many siblings in school: _____ 6. Of these, how many in college: _____

7. Are there any other members of your family in college: _____

8. Do you contribute to the support of any person(s) or have other financial obligations? If so, explain.
 (Example: current education/student loans – amount and when due.) _____

9. List in chronological order all schools attended beyond elementary school (with addresses and degrees or diplomas obtained). _____

10. What honors, academic or otherwise, have you received and when: _____

11. In what health or science-related fields or activities have you been involved, either for recreation, as a volunteer or an employee: _____

12. Below, list your resources and your anticipated expenses for the coming school year.

RESOURCES (estimated per academic year)		EXPENSES (estimated per academic year)	
Parents	\$ _____	Tuition & Fees	\$ _____
Friends/Relatives	\$ _____	Room	\$ _____
Personal Savings	\$ _____	Board	\$ _____
Employment	\$ _____	Books & Supplies	\$ _____
Loans	\$ _____	Transportation	\$ _____
Other *	\$ _____	Personal & Other	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

13. List other financial awards, scholarships, grants, FAFSA, etc. that you have received or applied for:

SCHOLARSHIP, GRANT, ETC.	DATE/AMOUNT RECEIVED	DATE/AMOUNT APPLIED FOR
_____	_____	_____
_____	_____	_____
_____	_____	_____

AS PART OF YOUR APPLICATION, PLEASE REMEMBER TO SUBMIT THE FOLLOWING:

1)	Two academic letters of recommendation (forms included) attesting to your academic achievement, goals and character, as well as two former employers reference letters (forms included). Each recommendation must be submitted in the enclosed envelope with the writer's signature written across the flap.
2)	Written essay (for HS Students) profiling yourself stressing factors relevant to your occupational choice and goals, qualifications, and motivation you have to pursue your education for your chosen profession as outlined in the application under Line 23 in the first section of this application. Limit it to one 8½" x 11" type-written page (350 words).
3)	An official high school and/or college transcript. <i>High school transcript needed only if you are entering freshman year or first year of a hospital-based program.</i> Schools must send information directly to OSF Saint James Medical Center, Human Resources 2500 W. Reynolds St., Pontiac, IL 61764-9774. (Envelopes enclosed)
4)	Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.

Contact OSF Saint James Medical Center Human Resources at 815-842-4949 if you have any questions.

Application and supporting documents for the Auxiliary Assistance Funds must be received by

March 31.

Applications for other Financial Assistance will be considered at any time.

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the OSF Saint James Medical Center may be of assistance in evaluating my application. I hereby waive any confidentiality with respect to such information insofar as the OSF Saint James is concerned, since it is my understanding that the information will be used solely for the evaluation of my application and for no other purpose. The information on this form is, to the best of my knowledge, complete and valid. Any false statement would be cause for termination of any funding. I firmly plan to complete my intended course of study. If I receive an award, I give consent to use my name and photo for publicity purposes."

Signature of Applicant _____

Date Completed _____

ONLY RECIPIENTS WILL BE NOTIFIED

Rev. 1/2010

ACADEMIC LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE STUDENT:

NAME OF APPLICANT: _____ **STUDENT #:** _____

FACULTY NAME: _____ **DATE:** _____

SCHOOL: _____

MAILING ADDRESS: _____

I AM APPLYING FOR: OSF SAINT JAMES EDUCATIONAL ASSISTANCE PROGRAM FOR HEALTH CAREERS

I grant permission for the authorities of OSF Saint James-John W. Albrecht Medical Center to investigate my references and release said Medical Center and my (former) instructor from any and all liabilities resulting from such investigation.

APPLICANT'S SIGNATURE

DATE

TO BE COMPLETED BY THE FACULTY MEMBER:

If there is any information which you would prefer discussing personally,
you may call Liz Frobish at 815-842-4949. Please use the boxes below to indicate your assessment of the Student's abilities.

TRAIT	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO OPPORT. TO OBSERVE
PERFORMANCE: Carries out assigned tasks promptly, independently & thoroughly, persevering, industrious.					
ORIGINALITY: Demonstrates initiative and resourcefulness, uses imagination and is not stereotyped in thinking.					
JUDGMENT: Critically & reliably evaluates facts (people, policies, situations), uses common sense.					
WRITTEN/ORAL EXPRESSION: Expresses self well orally & in writing.					
DEVELOPMENT POTENTIAL: Has potential for personal & professional growth.					
LEADERSHIP: Capacity to assume responsibility, organize work & harmoniously execute a project with others.					
ADAPTABILITY: Ability to evaluate new or changing conditions & accept them naturally.					

Total number of class days missed _____

Total number of clinical days missed _____

Student was/is in his/her Freshman _____ Sophomore _____ Junior _____ Senior _____ year when he/she was in my class.
(Please check all that are applicable.)

Clinical Rotation Course: _____

FACULTY MEMBER'S SIGNATURE

DATE

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FACULTY NAME: _____ **DATE:** _____

SCHOOL: _____

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Student was/is in his/her Freshman _____ Sophomore _____ Junior _____ Senior _____ year when he/she was in my class.
(Please check all that are applicable.)

Clinical Rotation Course: _____

FACULTY MEMBER'S SIGNATURE

DATE

EMPLOYER LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE STUDENT:

NAME OF PERSON COMPLETING REFERRAL: _____ **DATE** _____

NAME OF BUSINESS: _____

ADDRESS: _____

NAME OF APPLICANT _____

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APPLICANT'S SIGNATURE

DATE

TO BE COMPLETED BY THE EMPLOYER:

If there is any information which you would prefer discussing personally,
you may call Liz Frobish at 815-842-4949. Please use the boxes below to indicate your assessment of the Student's abilities.

POSITION HELD: _____ **FULL TIME:** _____ **PART TIME:** _____

DATES OF EMPLOYMENT :From: _____ **to** _____

REASON FOR LEAVING: _____

	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY	REMARKS
Quality of Work					
Quantity of Work					
Attendance & Punctuality					
Attitude					
Responsibility					
Communicative Ability (Oral & Written)					
Overall Rating					

WOULD YOU RE-EMPLOY: YES: _____ **NO:** _____ **EXPLANATION:** _____

ADDITIONAL COMMENTS: _____

SIGNATURE/TITLE

DATE

EMPLOYER LETTER OF RECOMMENDATION

TO BE COMPLETED BY THE STUDENT:

NAME OF PERSON COMPLETING REFERRAL: _____ DATE _____

NAME OF BUSINESS: _____

ADDRESS: _____

NAME OF APPLICANT _____

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DATE

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POSITION HELD: _____ FULL TIME: _____ PART TIME: _____

DATES OF EMPLOYMENT :From: _____ to _____

REASON FOR LEAVING: _____

	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY	REMARKS
Quality of Work					
Quantity of Work					
Attendance & Punctuality					
Attitude					
Responsibility					
Communicative Ability (Oral & Written)					
Overall Rating					

WOULD YOU RE-EMPLOY: YES: _____ NO: _____ EXPLANATION: _____

ADDITIONAL COMMENTS: _____

SIGNATURE/TITLE

DATE