

2025 Scholarship Application

Memorial Hospital administers two scholarships opportunities for high school students. Please indicate which scholarship(s) you are applying for:

	11,75
ľ	Memorial Hospital/HIA Scholarship: A \$500 scholarship will be for high school student(s) living in Hancock County and interested in pursuing further education in any health care profession or career.
!	Memorial Hospital Medical Staff Scholarship: A \$500 scholarship is given in honor of the medical staff at Memorial Hospital & Memorial Medical Clinics and will be for a high school student(s) interested in pursuing further education in any health care profession or career.
Due dat	e: Return application & documents by Tuesday, April 1, 2025
Submiss	sion Process: Applications will be accepted in any of the three methods:
2) U N G F (3) E	Digital Submission: https://tinyurl.com/ms5zjstb USPS mail (please type answers directly into PDF and print): Memorial Hospital C/o David Zanolla PO Box 160 Carthage, IL 62321 E-Mail (Please type answers directly into PDF): dzanolla@mhtlc.org Subject: 2025 Scholarship Application Questions? Please call David @ 217-357-6577
Please	print or type.
	Personal Information
F	Full Name
F	Parent/Guardian Name(s)
(Current Address
F	Phone Number
E	Email Address

	ACT/SAT score
What honors (academic or otherwadditional documentation if need	vise) have you received and when? Please attach led to list your achievements.
Future Plans	
What school will you attend Fall 2	025?
City, State	
What is your professional goal?	
What is your course of study?	
Full or part-time student?_	Expected graduation date?
What has inspired you to pursue a	a career in healthcare?

Educational Information

II.

You must attach your official high school transcript with your application.