

CENTRALIA FOUNDATION

Scholarship Application

J. Carl Hall Medical Fund

Application Deadline – March 8, 2024

(Applications received after this date will be considered after on-time applications.)

Return Application & Transcripts to:

**Centralia Foundation
Nina Buchele
115 E 2nd Street
Centralia, IL 62801**

(Located in the conference center at Centralia Recreation Complex)

J. CARL HALL MEDICAL FUND SCHOLARSHIP CRITERIA

GRANTS SHALL BE MADE TO STUDENTS, REGARDLESS OF RACE, COLOR, CREED OR NATIONAL ORIGIN, WHO ARE PURSUING A DEGREE IN ANY PROFESSION IN THE FIELD OF MEDICINE. THE STUDENT MUST RESIDE WITHIN THE CENTRALIA HIGH SCHOOL DISTRICT BOUNDARIES.

Release Statement – Signature Required

I certify that, to the best of my knowledge, all statements submitted are accurate and my own. I understand this application and all records gathered during the process are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members. If I am selected as a recipient of this award, I give permission to release my name and/or photo to the news media.

Signature of Applicant: _____ Date: _____

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS TO BE CONSIDERED. HARD COPY OF APPLICATION WITH SIGNATURE REQUIRED.

DEADLINE: MARCH 8, 2024

J. Carl Hall Medical Fund
APPLICATION FOR 2024-2025 SCHOLARSHIPS

Name _____ Social Security No. _____ - _____ - _____

Address _____ County _____

Street City State Zip

Email _____ Phone H: _____ C: _____

Honors or Awards: (indicate whether community, high school, or university/college):

Activities: (indicate whether community, high school, or university/college):

Your career or educational goals:

What is your cumulative GPA? _____ What is your current academic status? (check below)

High School Senior College Freshman College Sophomore College Junior College Senior Other

What college do you plan to attend for the 2024-2025 academic year? _____

From which High School did you graduate? _____

Year of High School graduation or GED _____ Anticipated year of graduation w/bachelors _____

Parent's name, occupation & annual income (must be completed by students if claimed as dependents on their parents income tax return.) (If student is selected as recipient, a copy of parents income tax return MAY be required to verify financial need.)

Father _____ Occupation _____ Annual Income \$ _____

Mother _____ Occupation _____ Annual Income \$ _____

Student Income \$ _____ Estimated Educational costs for full academic year \$ _____

Please provide all other financial assistance received (including scholarships) and any further information related to special needs or circumstances:

Reminder: Attach Transcript!