



OCI Foundation Scholarship Application

Dear Applicant:

In order to be considered for the Orthopedic Center of Illinois Foundation Scholarship, the following application must be completed in its entirety.

This scholarship is for \$5,000 (\$1,250 per year, renewable up to four years, provided the recipient is in good standing). The recipient must be majoring in a healthcare-related field. Scholarship is renewable, up to four years.

This scholarship can be used to defray eligible expenditures such as tuition, room and board, or fees associated with attending a college/university. These items are to be considered necessities for a student's education at an institute of higher learning.

The recipient's choice of college or university will receive payment upon registration and verification of acceptance. If the student/recipient fails to enroll or begin classes, changes majors to a non-healthcare related field, or terminates their education for any reason prior to completion of their degree, the scholarship will be revoked.

Applications must be completed in full and returned to OCIF, NFP Officers for consideration. All requirements must be met before the applicant can be considered for this scholarship. Recipients will be notified by mail if they are awarded an OCIF, NFP Scholarship. **Deadline to apply is March 22nd 2019.**

Employees of OCI and their immediate family members are not eligible for this scholarship.

If you have any questions or need additional information, please contact the Orthopedic Center of Illinois for assistance.

Orthopedic Center of Illinois Foundation, NFP



1301 S. Koke Mill Road
 Springfield, IL 62711
 Phone: 217-547-9100 • Fax: 217-547-9236
 www.ocif.net

Application Deadline: March 22, 2019
Amount: \$5,000
(\$1,250/year, up to 4 years)

Criteria—to be eligible to apply for the scholarship, the applicant must:

- Be a graduating high school student
- Be a resident of Sangamon County, Illinois
- Attend an accredited college or university in the coming fall as a *full-time* student
- Pursue a degree in a health-related field

Applicant Information

Applicant's Full Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Email Address: _____

Birthdate: ____ / ____ / ____ Male: ____ Female: ____ SS#: _____

School You Plan to Attend

Name: _____ City/State: _____

4-year College/University 2-year Community College Vocational/Technical School Other

Anticipated date of graduation: _____

Have you been accepted into this school? Yes No Anticipated course of study: _____

Will you be a full-time student? Yes No Career you're interested in pursuing: _____

A complete application must include the following documents:

- Fully completed and signed application (*please type or print*)
- Official transcript of your high school record (computed on a non-weighted 4.0 scale)
- Two letters of recommendation (must be mailed separately, directly to OCIF)
- Verification of acceptance from accredited college/university

Incomplete applications will NOT be considered.
All information submitted will become property of OCIF and will be kept confidential.

Return completed application to: Orthopedic Center of Illinois Foundation
 c/o Scholarship Committee
 1301 S. Koke Mill Road
 Springfield, IL 62711

Applications must be delivered in-person or be postmarked by the deadline.

Family Background

Mother (or guardian) name & address: _____

Father (or guardian) name & address: _____

Occupation—Mother: _____ Father: _____

Number of siblings: _____ Number in college: _____

School Record

High School: _____

Graduation date: _____ GPA: _____ Class rank: _____ of _____

School Activities - Briefly describe all activities in which you have participated (e.g. music, student government, sports) - use an additional page if needed:

Activity/Office Held	Years

Awards/Honors - Briefly state any awards or honors you have received in high school:

Award or Honor	By Whom Given

Community Activities - List and describe your involvement in community activities (e.g. Boys & Girls Club, 4-H, church activities) - use an additional page if needed:

Activity/Organization	# of years

Work Experience - Describe your work experience during the past four years – use additional page if needed:

Company & Position	Dates of Employment	# of Hours/Week

Financial Information

Total Household Income:

- Below \$15,000
- \$16,000 - \$35,000
- \$36,000 - \$55,000
- \$56,000 - \$75,000
- \$76,000 - \$95,000
- \$96,000 - \$115,000

- \$116,000 - \$135,000
- Above \$136,000

Number of dependents: _____

If you are chosen for this scholarship, please be prepared to verify annual household income.

Are you or will you be receiving any other scholarship funds? Yes No

If yes, list each source and amount: _____

Unusual Circumstances

Please briefly describe an unusual family or personal circumstance(s) that have affected your achievements in school, work experience, or your participation in school and community activities.

Miscellaneous

List any other information you believe should be considered by the Selection Committee.

References

It is the responsibility of the applicant to provide a letter of recommendation from:

- **A current teacher or high school administrator (#1 Academic Letter of Recommendation)**

Name of your reference: _____ Phone #: _____

- **A community member (non-relative and non-school affiliated) (#2 Letter of Recommendation)**

Name of your reference: _____ Phone #: _____

***Please give the attached Letter of Recommendation forms to your references for completion.
Note: These Letters of Recommendation should be mailed directly to:***

**OCI Foundation Scholarship Fund
c/o Selection Committee
1301 S. Koke Mill Road
Springfield, IL 62711**

Personal Statement

Please answer the following questions (about a paragraph) on a separate sheet:

- What course of study will you pursue? Briefly describe your career aspirations.
- Why do you feel community service is important and how do you plan to contribute to your community during and after college?
- Describe an ethical dilemma you faced and explain how you resolved it.

Certification

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Parent (or Guardian's) Signature: _____ Date: _____

Parent (or Guardian's) Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____



OCI Foundation Scholarship

#1 - Academic Letter of Recommendation for: _____
(Reference must be a current teacher or high school administrator) **Applicant's Name**

Please take a few minutes to respond. **APPLICATION DEADLINE is March 22nd, 2019** and the Letter of Recommendation must be postmarked by that date.

In what context do you know the applicant?

How often does the applicant exhibit the following characteristics:

	Seldom	Sometimes	Usually	Always
Leadership	1	2	3	4
Perseverance	1	2	3	4
Honesty	1	2	3	4
Cooperation	1	2	3	4
Integrity	1	2	3	4
Moral Values	1	2	3	4
Citizenship	1	2	3	4

3. Please comment briefly on the applicant's character, academic performance, extra-curricular activities and/or other relevant information. *(You may use this form or official school letterhead.)*

Signature

Date: _____

Print/Type Name: _____

Return to:
Orthopedic Center of Illinois Foundation
c/o Scholarship Committee
1301 S. Koke Mill Road
Springfield, IL 62711

Phone: _____

Email: _____



OCI Foundation Scholarship

#2 - Academic Letter of Recommendation for: _____
(Reference must be non-relative and non-school affiliated) **Applicant's Name**

Please take a few minutes to respond. **APPLICATION DEADLINE is March 22nd, 2019** and the Letter of Recommendation must be postmarked by that date.

In what context do you know the applicant?

How often does the applicant exhibit the following characteristics:

	Seldom	Sometimes	Usually	Always
Leadership	1	2	3	4
Perseverance	1	2	3	4
Honesty	1	2	3	4
Cooperation	1	2	3	4
Integrity	1	2	3	4
Moral Values	1	2	3	4
Citizenship	1	2	3	4

3. Please comment briefly on the applicant's character, academic performance, extra-curricular activities and/or other relevant information. *(You may use this form or letterhead.)*

Signature

Date: _____

Print/Type Name: _____

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