



**MIDWEST MEDICAL CENTER MEDICAL EDUCATION  
FINANCIAL ASSISTANCE PROGRAM**

There are five loan/scholarship programs available through Midwest Medical Center to provide financial assistance to persons pursuing an education in a medical field at an accredited school of the student's choice.

These programs have been made available to area students by seven benefactors: W. Clifford Stauss, C. Palmer and Eunice Eustice, Josephine Harvey, Richard and Marilyn Eastman, and Melvin E. Young.

Persons planning to enter careers in nursing, physical therapy, medicine, dentistry, as well as careers in related technical fields, such as radiology, laboratory, or some other qualifying medical profession are eligible to apply.

If the student, upon graduation from their health career program is employed at Midwest Medical Center for a period of time equivalent to the number of years financial assistance was received, the money becomes a scholarship and does not have to be repaid. If the graduate either chooses to work elsewhere or if no position is available at Midwest Medical Center in their field, the money becomes a loan; however, the annual interest rate is only 3%.

The education monies are administered in accordance with the wishes of the donors of the funds.

Money is awarded to successful applicants who meet the criteria established for each fund/donor.

All loan/scholarship applications must be submitted to the Hospital by noon on March 20, 2020.

Questions about the program should be directed to Kelli Jackson, Controller, at Midwest Medical Center, One Medical Center Drive, Galena, IL 61036, (815) 776 - 7277.

## Health Education Loan-Scholarship Information

The Loan-Scholarship programs listed below are provided by Midwest Medical Center and its benefactors: W. Clifford Stauss, C. Palmer & Eunice Eustice, Josephine Harvey, Richard and Marilyn Eastman, and Melvin E. Young, to provide financial assistance to persons pursuing an education in a medical field at an accredited school of the student's choice.

- **STAUSS MEDICAL LOAN-SCHOLARSHIP:** Qualifying education programs are registered nurse, licensed practical nurse, x-ray technician, laboratory technologist or technician, or other similar related technical occupations in the medical field. Up to \$1,000 per student per 12-month school year for up to four years may be awarded.
- **HARVEY MEDICAL LOAN-SCHOLARSHIP:** Qualifying educational programs are registered nurse, licensed practical nurse, x-ray technician, laboratory technologist or technician, or other similar related health occupations. Up to \$1,000 per student per 12-month school year may be awarded.
- **EASTMAN MEDICAL LOAN-SCHOLARSHIP:** Qualifying education programs are the same as those for the Stauss program, excluding chiropractic and veterinary medicine. Up to \$2,500 per student per 12-month school year for up to five years may be awarded. Medical school students may receive up to \$10,000 per year for a maximum of four years.
- **EUSTICE MEDICAL LOAN-SCHOLARSHIP:** Nursing and medical technology students are eligible for up to \$2,500 per student per year for a maximum of four years. Medical school students are eligible for a maximum of \$10,000 per year for up to five years. Loan-Scholarships are awarded to Jo Daviess County residents only.
- **YOUNG MEDICAL LOAN-SCHOLARSHIP:** Qualifying education programs are registered nurse, licensed practical nurse, x-ray technician, laboratory technologist or technician, or other similar related technical occupations in the medical field. Up to \$1,000 per student per 12-month school year for up to four years may be awarded.

Upon graduation from technical school, college or medical residency, each twelve months' work, full-time at Midwest Medical Center, the amount of one year's loan-scholarship for each program (concurrently) with interest will be considered paid. Part-time employees will be credited toward repayment at the pro-rated rate of 2,080 paid hours, which equals one year of full-time employment.

If the loan is made to a health care professional who would not become a hospital employee after graduation, such as a physician or dentist, repayment of the loan similar to working here can be made by establishing an office practice in the hospital's immediate service area and becoming an active Medical-Dental Staff member or an Allied Health Professional Staff member.

If the person drops out of school or does not meet the criteria for repayment by employment or staff affiliation, repayment would be required to be made in the amount of at least \$50 per month plus interest of ¼% per month (3% per year) on the unpaid balance. The amount of monthly repayment must be large enough so that repayment will be completed in no more than 10 years.

**ONE MEDICAL CENTER DRIVE  
Galena, IL 61036**

**LOAN-SCHOLARSHIP APPLICATION**

Please print or type. All blanks must be completed. Use **N/A** where not applicable.

Personal Information

1. Full Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
- 3a. Present Address: \_\_\_\_\_  
Street City State Zip  
Telephone: \_\_\_\_\_
- b. Permanent Address: \_\_\_\_\_  
Street City State Zip  
Telephone: \_\_\_\_\_
- c. Hospital nearest your home: \_\_\_\_\_  
Name  
City
4. Birth Date: \_\_\_\_\_
- 5a. Marital Status: \_\_\_\_\_
- b. Spouse's Name: \_\_\_\_\_
- c. Dependents (age & relationship): \_\_\_\_\_  
\_\_\_\_\_

Educational Information

- 1a. What is your professional goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. What is your course of study? \_\_\_\_\_  
Present academic level? \_\_\_\_\_
- c. What is your cumulative grade point average? \_\_\_\_\_

- 2a. What school will you attend this Fall? \_\_\_\_\_
- b. Full or part-time? \_\_\_\_\_
- c. Expected graduation date? \_\_\_\_\_
- d. If part-time, specifically what else will you be doing? \_\_\_\_\_
- \_\_\_\_\_

3. Residence plans:      Dormitory \_\_\_\_\_      Home \_\_\_\_\_      Other \_\_\_\_\_  
 (Specify)

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

<u>Name</u>	<u>Address</u>	<u>Degree</u>

5. What honors (academic or otherwise) have you received and when?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupational Information

1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer, or as an employee? (Please highlight any volunteer activities?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List all jobs you have held (date, employer, and type of work) and indicate whether they were full or part-time. Also, please include any volunteer work you have done.

<u>Dates</u>	<u>Employer</u>	<u>Duties</u>	<u>Full or Part-time</u>

3. If you are not currently in school, how have you been occupied since leaving school?

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Confidential Information

1a. Father's name: \_\_\_\_\_

b. Place of employment: \_\_\_\_\_  
Company Address

c. Occupation & approximate income: \_\_\_\_\_

2a. Mother's name: \_\_\_\_\_

b. Place of employment: \_\_\_\_\_  
Company Address

d. Occupation & approximate income: \_\_\_\_\_

3a. Spouse's place of employment: \_\_\_\_\_  
Company Address

b. Occupation & approximate income: \_\_\_\_\_

4a. Number & ages of siblings: \_\_\_\_\_

b. How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

5. Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain.  
(Example: Current loans – amount and when due.)

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

<b>RESOURCES (Estimated per academic year)</b>		....	<b>EXPENSES (per academic year)</b>	
Parents	\$ _____		Tuition & fees	\$ _____
Friends & relatives	\$ _____		Room	\$ _____
Personal savings	\$ _____		Board	\$ _____
Employment	\$ _____		Books & supplies	\$ _____
Loans	\$ _____		Transportation	\$ _____
Other (specify)	\$ _____		Personal & other	\$ _____
Scholarships, grants Received & applied for	\$ _____			
<b>TOTAL</b>	\$ _____		<b>TOTAL</b>	\$ _____

AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

1. At least two current letters of reference selected from teachers, counselor, employer, supervisor, or clergy. Have letters sent directly to: MIDWEST MEDICAL CENTER, ATTN: KELLI JACKSON, CONTROLLER, ONE MEDICAL CENTER DRIVE, GALENA, IL 61036.
2. Profile of yourself, stressing factors relevant to your occupational choice and goals. Qualifications you feel you have to pursue your education for your chosen profession, limit to one typewritten page.
3. A high school and/or college transcript and available aptitude and achievement tests. High school transcript needed only if you are entering freshman year of a 2-year associate degree or first year of a hospital based program.
4. Official proof of acceptance (if currently enrolled) from the educational institution you will attend.
5. In the event of acceptance, the applicant must sign a promissory note and have it co-signed by two (2) property owners.

**MIDWEST MEDICAL CENTER  
HEALTH EDUCATION LOAN-SCHOLARSHIP APPLICATION FORM**

Fill out this form only if applying for the Eustice Scholarship.

BUDGET for the cost of one (1) calendar year of the medical education which will be attended.

\$ _____	Tuition
\$ _____	Room & Board
\$ _____	Books & Fees
\$ _____	Total cost for one (1) calendar year

**CERTIFICATION OF THE NEED FOR FINANCIAL ASSISTANCE**

I, \_\_\_\_\_, certify that I need the financial assistance that I am applying  
name

for and that I cannot, myself, pay all of the costs of the medical educational program (student's ability and not the ability or net worth of their parents).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness