



TO: Graduating Seniors attending High School in Coles or Douglas County

FROM: Sarah Bush Lincoln Health Foundation Scholarship Committee

RE: Lloyd & Selma Sweeney Scholarship Opportunities

Attached is an application for a Scholarship Opportunity specifically for graduating seniors attending high school in Coles or Douglas Counties who are pursuing degrees in either Agriculture or Healthcare, or a Healthcare-Related Field. Please read the Eligibility and Requirements page, complete the Application and submit additional required paperwork. Each scholarship totaling **up to \$5,000** will be awarded to graduating seniors in Spring 2022, to be used for the 2022-2023 School Year.

Please be sure to follow all directions carefully. Incomplete applications will not be considered. Students may be asked to meet with a committee of the SBL Foundation Board if selected as a finalist.

Applications and other materials must be received by **4 pm, March 1, 2022**. **No late applications will be accepted.** Submit to the following:

**Sarah Bush Lincoln Health Foundation
Attn: Amy Card, Director
Sweeney Scholarship Committee
1000 Health Center Drive
Mattoon, Illinois 61938**

LEGAL CONSIDERATIONS

Due to changes resulting from the Tax Reform Act of 1986, scholarship funds no longer are considered exempt from income tax for recipients, though exclusions apply.

Any funds received from the Sarah Bush Lincoln Health System should be paid directly to your educational institution.



Lloyd & Selma Sweeney Scholarship Application 2022

(Please type or print)

Personal Information

Full Name _____

Address: _____

Street

City

State

ZIP

Contact:

Mobile Phone _____

Home Phone _____

Email Address _____

Birthdate _____

Father's Name: _____

Father's Address: _____

Street

City

State

Father's Occupation: _____ Estimated Annual Income: \$ _____

Mother's Name: _____

Mother's Address: _____

Street

City

State

Mother's Occupation: _____ Estimated Annual Income: \$ _____

Number/Ages of Siblings : _____ Number of Siblings in College in 2022-2023 _____

Do you personally have other financial obligations (rent, auto loan, etc.)? No Yes - Amount due: \$ _____

Expected Educational Expenses (2022-2023)

Tuition & Fees \$ _____

Books \$ _____

Room/Board \$ _____

Expected Resources to be applied to Educational Expenses (2022-2023)

Self pay \$ _____

Parents/Family \$ _____

Loans \$ _____

All other Scholarships/Grants \$ _____



Educational Information

High School _____

Address _____

City _____ State _____ ZIP _____

Cumulative Grade Point Average: _____ (indicate scale – 4.0, 6.0, etc.)

What honors (academic or otherwise) have you received?

College/University you will attend in Fall 2022: _____

Address _____

City _____ State _____ ZIP _____

Residence Plans: Dormitory Home Other _____

Course of Study (What will you major in?): _____

Why did you choose this major? _____

Professional Goal: _____

List jobs you have held; Include volunteer work:

Employer	Duty	Dates
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_____	_____	_____
_____	_____	_____



AS PART OF YOUR APPLICATION, PLEASE SUBMIT:

- 1) Current letters of recommendation from TWO of any of the following: teacher, principal, academic advisor, employer or clergy.
- 2) An official high school transcript *sent directly from your High School* to Sarah Bush Lincoln Health Foundation, 1000 Health Center Drive, Mattoon, Illinois 61938, Attn: Amy Card, Director.
- 3) Official Proof of Acceptance from the College/University that you will attend.
- 4) A typewritten, one-page profile of yourself, indicating why you are choosing to pursue your degree in Agriculture or Healthcare, future career goals and any other qualifications that you feel make you an ideal candidate to receive this scholarship.
- 5) Family's most recent Income Tax Return. (*Income Tax Returns of family members assisting with tuition need be submitted*)

Application and the above information must be received in the Sarah Blush Lincoln Health Foundation no later than March 1, 2022.

Students may be asked to meet with a committee of the SBL Foundation Board if selected as a finalist.

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of any information in connected with the foregoing that in the sole judgement of the Major and Planned Gifts Committee of the Sarah Bush Lincoln Health Foundation may be of assistance in evaluating my application. The information that I have provided will be used solely for the evaluation of my scholarship and for no other purpose and will be kept in strict confidence."

Name of Applicant: _____

Signature of Applicant: _____

Date Completed: _____