



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

## 2017 John S. Teuscher Health Occupation Scholarship Application

The Application and all required components must be attached for full consideration and submitted by mail. Email applications will not be accepted. Should more space be required additional pages may be attached. **Application and ALL required items should be mailed to: Health and Wellness Foundation of Pike County, PO Box 81, Pittsfield, IL 62363 by April 01, 2017. For Questions: 217-285-6080 or [ichcf@aol.com](mailto:ichcf@aol.com)**

### I. Personal

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### II. Education

Graduating High School: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ ACT/SAT: \_\_\_\_\_ Class Rank: \_\_\_\_\_

List any awards, honors or educational certificates earned: \_\_\_\_\_

Describe extra-curricular or community service activities: \_\_\_\_\_

Names and Dates of Employment (if any): \_\_\_\_\_

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**III. Degree**

Name of University/School Accepted/Applied to: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Entrance Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Admissions Office Address: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

**IV. Essay**

Please provide an original essay (up to 500 words) describing why you want to go into health profession. Also describe how, as a result of your degree, you can positively impact an individual's health, quality of life, and be of benefit to the well-being of the community.

**V. Required Attachments**

For full consideration of this application the following items must be attached. Letters of Recommendation may be mailed to the Foundation office under separate cover.

- A. A 500 word original essay --as described in Section IV above.
- B. At least two letters of recommendation. One must be from a high school teacher, others may include: a health professional, employer, volunteer coordinator.
- C. A copy of all High School Transcripts.

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand completion of this application does not guarantee I will be the recipient of Scholarship funds.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**