

Rural Health Excellence Scholarship

The Rural Health Excellence Scholarship is open to graduating seniors from Pike County, IL. This scholarship serves as a beacon of hope for those who aspire to make a meaningful impact in healthcare. It provides an invaluable opportunity to pursue higher education and acquire the specialized knowledge and skills necessary to make a difference. The scholarship is not only a form of financial aid, but also a powerful catalyst for bringing about positive change. Dr. Ayca & Korhan Raif established this scholarship through the Quincy Medical Group Foundation and wish to award up to \$5,000 to eligible high school seniors graduating from a Pike County, IL school.

To qualify, applicants must:

- Be a graduating senior in Pike County, IL. (Eligible high schools: Griggsville-Perry, Pittsfield, Pleasant Hill, Western)
- Have a minimum 3.5 GPA
- Be involved in the community and extracurricular activities
- Plan to attend a 4-year school in a healthcare-related field

Applications must be submitted and/or postmarked by **April 22, 2024,** for consideration by the QMG Foundation Board of Directors. Applicants will be notified of decisions in May.

Please submit the following application form with attachments to:

Quincy Medical Group Foundation Rural Health Excellence Scholarship 1025 Maine Street Quincy, IL 62301



Rural Health Excellence Scholarship Application Form

Name:
Address:
Email Address:
Phone:
High School Attended:
Birthdate M/D/Y:
Current GPA:
Must be 3.5 or above.
Cumulative dual-enrollment credit hours:
Where will you be attending college?
What is your intended or declared major?
Must be in healthcare-related field.
What are your career aspirations?
Do you plan to pursue a bachelor's degree? YES NO
Credit hours you will be enrolled in fall/spring:
Do you plan on staying in/returning to the Quincy area after graduation? YES NO



Please submit two letters of personal references (non-family) that speak to your character, future plans, volunteerism, etc. Reference letters should include contact information should we choose to contact them.

Name/Title:	Name/Title:
Relationship:	Position:
Phone:	Phone:
Email:	Email:

With your application, please attach the following:

- Resume
- Copy of high school transcript
- 500-word personal statement addressing:
 - Your education goals and career plans
 - o Your involvement in community and extracurricular activities
 - Your leadership experience or goals
 - What receiving this scholarship would mean to you
 - \circ Any other information you wish to have the QMG Foundation Board consider

I have completed this application to the best of my knowledge. I agree that the QMG Foundation Board of Directors may review my educational records to verify my eligibility. I agree to attend any function honoring scholarship donors and recipients. I agree to follow-up communication from the QMG Board regarding verification of enrollment and academic progress. I consent to the use of my face and name in media, and will make myself available for announcement coverage, if chosen for the scholarship.

Applicant Signature: _____

Date: _____

For further information or questions, please contact qmgfoundation@quincymedgroup.com.