

DR. WILLARD C. SCRIVNER PUBLIC HEALTH FOUNDATION

SCHOLARSHIP PROGRAM

www.wcscrivnerfoundation.org

OVERVIEW

Perhaps the single most important avenue to improving the health of individuals and the public as a whole is education. Named in honor of the late Dr. Willard C. Scrivner, the Foundation Board of Directors has established a Scholarship Program for St. Clair County high school graduates. In keeping with Dr. Scrivner's lifelong commitment to promoting public health and education, the Foundation hopes to aid educational endeavors in the health field by offering scholarships to graduating high school seniors who have chosen to pursue a health-related field of study.

GENERAL INFORMATION

The Dr. Willard C. Scrivner Public Health Foundation Scholarship is open to any graduating high school senior that is a resident of St. Clair County who will be attending an Illinois or Missouri institution, including a junior college or four-year university. Any senior attending a St. Clair County high school wishing to apply for the scholarship may do so. Under the guidelines of the program, selection of scholarship recipients will be based upon the judging criteria.

APPLICATION PROCEDURE

1. Application packets will be made available in the designated office of each St. Clair County high school. The Application Form should be completed jointly by the applicant and his/her Principal or Counselor.
2. The applicant/parents are to complete Part I, II, and III of the application. The High School Principal or Counselor is to complete Part IV.
3. Completed forms should be forwarded to the Foundation no later than **February 26, 2010**. The scholarship staff will assign each applicant an "*applicant number*" to ensure impartiality in judging and forward the application to the Scholarship Committee.

SELECTION PROCESS

Application judging will be conducted in two phases:

Phase One

Scholarship staff will assign the applicant an "*applicant number*" to ensure impartiality in judging. Applications will be reviewed to ensure legibility and completeness. Those

applications meeting the eligibility requirements will be forwarded to the Scholarship Committee.

Phase Two

The Scholarship Committee will review the applications screened in Phase One. A determination of the finalists for the Foundation Scholarship will be made based upon the Judging Criteria. The Committee will present the finalists and recommendations for scholarship awards to the Foundation Board for approval.

Judging Criteria

- 15% ACT or SAT Composite Score
- 20% Grade Point Average
- 15% Curriculum
- 5% Letters of Recommendation
- 15% Essay
- 15% Financial Need
- 15% Extracurricular Activities

SCHOLARSHIP PAYMENT

Scholarship recipients must attend an accredited Illinois or Missouri institution, including a junior college or four-year university. The Scholarship money will be paid directly to the Financial Aid Office of the designated institution in which the recipient is enrolled. Deposit will be made upon receipt of verification of enrollment. Monies awarded may be expended for tuition, books and/or other educational expenses. The Scholarship will be a one-time award.

WILLARD C. SCRIVNER M.D. PUBLIC HEALTH FOUNDATION

SCHOLARSHIP APPLICATION

The Willard C. Scrivner M.D. Public Health Foundation will offer \$1,000 scholarships to graduating seniors from St. Clair County.

To be considered for a scholarship, the applicant:

- shall be a graduating high school senior who has maintained a "B" average or above;
- shall have demonstrated an active interest in their school activities, which may include interest in local public health;
- shall submit a 500 word original essay on *The Importance of a Strong Public Health Presence to the Health of a Community*;
- shall include a current high school transcript with at least seven semester grades; please note if honors classes have been taken.
- shall submit a letter of recommendation from one of the scholar's high school teachers, counselor, or principal;
- shall have selected a field of study in a health profession or an allied health occupation.

All applications and correspondence on behalf of the applicant should be directed to **Dr. Willard C. Scrivner Public Health Foundation, Attn: Marilyn Vise, 19 Public Square, Suite 150, Belleville, IL, 62220.** Deadline for filing for 2009 scholarships is **February 26, 2010.** Winners will be announced on or before April 2, 2010. The scholarship will be a one-time award for one year. Monies awarded will be deposited to the recipients' credit with the appropriate Financial Aid Office of the Illinois or Missouri institution in which the recipient is enrolled. Deposit will be made upon receipt of verification of enrollment.

All information submitted in this application will be confidential. Incomplete applications will not be accepted. Award may be made only to scholars planning to attend an Illinois or Missouri institution, including a junior college or four-year university.

PART I. (To be completed by applicant)

[please print]

APPLICANT INFORMATION

NAME _____ DATE OF BIRTH ____/____/____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELEPHONE NUMBER (____) _____ SOCIAL SECURITY NO. ____ - ____ - ____ TOWNSHIP _____

HIGH SCHOOL ATTENDED _____ GRADE POINT AVERAGE _____

ACTIVITIES (SCHOOL AND OUTSIDE; ADDITIONAL PAPER MAY BE USED)

WORK ACTIVITIES WHILE IN HIGH SCHOOL

PLANNED HEALTH-RELATED FIELD OF STUDY _____

UNIVERSITY/COLLEGE PLANNING ON ATTENDING _____

MOTHER'S NAME _____ FATHER'S NAME _____

PART II. FINANCIAL NEED

Please indicate the adjusted gross income on your parents' federal income tax return for the past year.

- _____ Under \$20,000
- _____ \$20,000-\$39,999
- _____ \$40,000-\$59,999
- _____ \$60,000-\$79,999
- _____ \$80,000-\$99,999
- _____ \$100,000 or more

How many dependents were claimed on your parents' federal income tax return for the past year? _____

Describe any financial needs or special circumstances that should be taken into consideration.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____

***If selected for this scholarship,
you may be required to submit copies of your parents' federal income tax return
from the past year to verify the above financial information.***

PART III. ORIGINAL ESSAY

The Mission of the St. Clair County Health Department is to promote and protect the health of the residents of St. Clair County in partnership with the people we serve (www.health.co.st-clair.il.us). To accomplish this mission the health department serves as an integral link the public health system that is a partnership of public, private, and voluntary organizations in seeking to maximize the health, wellness, and quality of life of people in the community (*Illinois Public Health Futures Institute* www.app.idph.state.il.us/phfi).

In the space provided, (or attach a sheet) please describe in 500 words or less, in your own words, "***The Importance of a Strong Public Health System to the Health of a Community***". Include a statement about the field of study in the health profession or allied health occupation that you have chosen and a description of how you believe that your area of educational interest will contribute to a strong public health system in the community.

ORIGINAL ESSAY

"The Importance of a Strong Public Health System to the Health of a Community". Include a statement about the field of study in the health profession or allied health occupation that you have chosen and a description of how you believe that your area of educational interest will contribute to a strong public health system in the community. ***Please type or write legibly.***



PART IV. ACADEMIC PERFORMANCE

(To be completed by High School Principal or Counselor)

- A.** College entrance examination score..... ACT or SAT
(Note: Please circle the type of examination taken)

ACT composite score...**OR**...

SAT combined score _____

- B.** Student's cumulative high school grade point average (GPA)
excluding spring semester senior year. _____

C. Please attach a copy of the student's transcripts

D. Please attach a letter of recommendation from one of the applicant's Teachers,
Counselor, or Principal.

Signature of High School Principal or Counselor _____

Title _____

Date _____