



2020 Future Healthcare Hero Award

The South East Illinois Area Health Education Center (SEIL-AHEC) is accepting applications for \$500 **Future Healthcare Hero** awards for 2020 high school graduates attending high school in one of the following counties: *Alexander, Clay, Crawford, Edwards, Gallatin, Hamilton, Hardin, Jasper, Johnson, Lawrence, Massac, Pope, Pulaski, Richland, Saline, Wabash, Wayne, White, and Williamson.*

Applicants must be pursuing entry into *any* health science program for the 2020 fall semester.

- Applicants must have at least a 2.5 GPA (**submit official high school transcript**)

Applicants must submit the following items:

- 1) Completed and signed application and release,**
- 2) Transcripts (may be sent separately),**
- 3) Two Completed Recommendation Forms**

For questions regarding this award, please contact: Kristi Howell at 618-847-8381

All applications as well as required documents may be sent via post, email or fax to:

Kristi Howell, BSN
Director, South East Illinois AHEC
1021 Harding Street
Fairfield, IL. 62837
email: kristi.howell@fairfieldmemorial.org.
Fax: 618-847-8360

Deadline for submitting required documents: March 15, 2020.



2020 Future Healthcare Hero Award Application

(PLEASE PRINT)

Name: _____ Date: _____

Address:

street _____ City _____ State _____ Zip _____

Phone: (home) _____ (cell) _____

E-mail: _____

EDUCATION:

High School attending/ county: _____

Graduation Year: _____ Current GPA/scale: _____ Last semester GPA: _____

College/University you are planning to attend/location: _____

Intended major: _____

List any other post-secondary schools (college, vocational, or career center) you have attended and credits earned:

AHEC ACTIVITIES: List any AHEC programs or activities that you have participated in.

HONORS/AWARDS: List any special honors/awards and the year received.

VOLUNTEER: Describe any activities in which you have volunteered your time and talents in the past 2 years.

ACTIVITIES: Any clubs or organizations you currently belong to.

EMPLOYMENT HISTORY: Please include any work history, including job title, employer, dates employed, and hours per week.

Brief personal statement (Maximum 250 words) describing why you should be selected to receive this award:

CONSENT FOR RELEASE OF INFORMATION:

I authorize release of any information that can be of assistance to the South East Illinois Area Health Education Center (SEIL-AHEC) in evaluation of my scholarship application. I waive any confidentiality with respect to such information insofar as SEIL-AHEC is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.

APPLICANT SIGNATURE: _____ **DATE:** _____

Deadline for submitting application and required documents: March 15, 2020.

2020 Future Healthcare Hero Award Recommendation Form

Applicant's name: _____

The above named is applying for The South East Illinois Area Health Education Center (SEIL-AHEC) \$500 **Future Healthcare Hero** award. The information you provide will greatly aid in the selection process. All information is kept confidential. Please complete this form and return to SEIL- AHEC by March 15, 2020. Thank you.

Kristi Howell, RN, BSN Director, SEIL- AHEC
303 NW 11th Street
Fairfield IL 62837

Please rate applicant in the following categories, with 5 being the highest and 1 the lowest.

	Highest		Average		Low	
Natural ability:	5	4	3	2	1	N/A
Work Ethic	5	4	3	2	1	N/A
Dependability	5	4	3	2	1	N/A
Honesty	5	4	3	2	1	N/A
Leadership	5	4	3	2	1	N/A
Communication	5	4	3	2	1	N/A

Please add any additional information about the applicant that you feel applies:

Reviewer's name _____