



The Hopedale Medical Foundation has awarded over \$625,000 to area students pursuing higher education in agriculture and healthcare since 1980. We look forward to reviewing the applications of outstanding students from our local communities.

The following scholarships will be awarded in the agriculture field:

- \$1,000 Neil Alford, Jr. Agricultural Scholarship

The following scholarships will be awarded in the nursing field:

- \$5,000 Michelle Anne Rossi Memorial Nursing Scholarship
- \$4,000 Thelma Alford Nursing Scholarship
- \$2,000 John Rossi Memorial Nursing Scholarship
 - May be awarded separate from or in addition to one of the other awards
- \$2,000 Donna Bitner Springer Nursing Scholarship
- \$1,000 Phyllis Martin Nursing Scholarship
- \$1,000 Mary Sue Post, RN Nursing Scholarship

The following scholarships will be awarded in the healthcare field:

- \$3,000 Founder's (Healthcare) Scholarship
- \$3,000 Allen-McCabe Healthcare Field Scholarship
- \$1,000 Orville Augsburger & Dorene Oehler Memorial Scholarship
- \$1,000 David Eckhardt Scholarship

The following scholarships will be awarded in the nursing OR healthcare field:

- \$4,500 Candice Blackert Nursing Scholarships
 - May be awarded in varying amounts based on scholarship applicants needs

Eligibility

- High School Senior, College Freshmen or Current HMC Employee
- A soon to be graduate or previous graduate of one of the following high schools whose permanent residence has been within the following school districts for a minimum of one year prior to application: Christian Life Academy, Dee-Mack, Delavan, Hartem, Midwest Central, Tremont, Olympia. OR a home-schooled senior living in district at one of the previously mentioned High Schools. OR a current HMC Employee
- Accepted or currently enrolled in an Accredited Associate, Bachelor or Masters program in the healthcare or agricultural fields

Applications are judged by an independent panel of judges who will review the following materials.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">◦ Completed Application<ul style="list-style-type: none">▪ Contact Information▪ Future Plans▪ Short Answers▪ School Endorsement▪ Financial Information (Optional)▪ Signed Release Statement | <ul style="list-style-type: none">◦ At least 1 additional reference from a teacher, employer, clergy, etc.
Special Note: Your reference must be different from your school endorsement signee.◦ Attached Essay Questions◦ Official School Transcript◦ Current Photograph |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

All scholarships are awarded without regard to an individual's gender, race, religion, ethnic background, marital status, sexual orientation, or any other discriminatory purpose. Special consideration will be given to those who demonstrate financial need—but this information is optional and not required. Questions should be directed to Mindy Peterson-Lindsey, at mpeterson-lindsey@hopedalemc.com.



QUALIFYING STATEMENTS

The Hopedale Medical Foundation uses this application for all scholarships, regardless of class year, area of study or program enrolled. Please complete the questions below so we know which of the scholarships you are eligible to receive and therefore which your application should be judged against.

I am a...

- HS Senior College Student Current HMC Employee

If an HMC Employee, I am a...

- CNA LPN RN MSN
 Other _____

I am studying...

- Agriculture Nursing Other Allied Health Professional Careers

If nursing, I am pursuing a...

- CNA LPN RN MSN

I have received a HMC Foundation Scholarship prior...

- No Yes If Yes, please provide year _____

I believe I am eligible for the following scholarships...

- \$5,000 Michelle Anne Rossi Memorial Nursing Scholarship
- \$4,500 Candice Blackert Nursing Scholarships (varying amounts given)
- \$4,000 Thelma Alford Nursing Scholarship
- \$3,000 Founder's (Healthcare) Scholarship
- \$3,000 Allen-McCabe Healthcare Field Scholarship
- \$2,000 John Rossi Memorial Nursing Scholarship
- \$2,000 Donna Bitner Springer Nursing Scholarship
- \$1,000 Neil Alford, Jr. Agricultural Scholarship
- \$1,000 David Eckhardt Scholarship
- \$1,000 Phyllis Martin Nursing Scholarship
- \$1,000 Orville Augsburg/Dorene Oehler Scholarship
- \$1,000 Mary Sue Post, RN Nursing Scholarship

I understand that the HMC Scholarship Committee will also check my application against each scholarships description. They reserve the right to add or remove from the pool of applicants based on the criteria.

Applicant Signature

____/____/____
Date

Parent or Guardian Signature (If student is not yet 18)

____/____/____
Date



CONTACT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____

Gender Male Female

Mailing Address _____
Street City

Zip Code _____ **County** _____

Phone Number _____ **Email** _____

Parent Name _____
Mother's Name Father's Name

Parent Mailing Address _____
(if different from above)

Do you or an immediate family member currently work for Hopedale Medical Complex?

No Yes _____
(Please list employee name)

I certify that all information in this application is accurate and that if granted a scholarship the student shall attend an accredited university, college, or technical school in accordance with the provision of the Hopedale Medical Foundation Scholarship Program.

I authorize the release of all information in this application to the judging committee of the Hopedale Medical Foundation Scholarship Program. I authorize the release of background information in this application to the press or other appropriate media in the event I am selected as one of the scholarship recipients.

Applicant Signature **Date** ____ / ____ / ____

Parent or Guardian Signature (if student is not yet 18) **Date** ____ / ____ / ____

FUTURE PLANS

Institution Name _____

Degree Type Associates Bachelors **Enrollment** Part Time Full Time
(2-year) (4-year)

If enrolling part time, what else will you be doing? _____

Major _____

Expected Graduation Date _____

Please provide a short description of the career you hope to achieve following graduation.



SHORT ANSWERS - PLEASE KEEP TO THE SPACE PROVIDED

Please share a bit about the scholarship applications you've submitted thus far?

Have you been awarded any scholarships thus far? If yes, please list.

Please list your volunteer experience (if any).

Please list your work experience as a paid employee (if any).

What community activities do you regularly take part in (church, scouts, youth group, etc.)



SHORT ANSWERS CONTINUED - PLEASE KEEP TO THE SPACE PROVIDED

Please list any school activities (sports, clubs, publications, etc.)

If any, please list your recognitions and/or awards.

Please list any hobbies or special interests that you have not yet described above (if any).

ESSAY QUESTION

Special Note: The following questions have been developed by the judging panel to provide them a sense of who you are, what you value and how you hope to grow. Please attach your essay to this application. Please do not exceed 1 page of 12 point Ariel font.

- **Provide a written profile about yourself that is relevant to your choice of occupation. Include details about the qualifications you feel you have to pursue for your education and this chosen profession. Why do you feel you are the best candidate for this award?**



PARENT FINANCIAL INFORMATION (OPTIONAL)

Special Note: You do not need to complete this section if you do not want your application to be considered based on "financial need." Proof of financial need is helpful but not mandatory to be awarded a scholarship.

FATHER'S EMPLOYMENT INFORMATION

Father's Name _____
Place of Employment _____
(Name) (Company Address)
Approx. Annual Income _____ **Title** _____

MOTHER'S EMPLOYMENT INFORMATION

Mother's Name _____
Place of Employment _____
(Name) (Company Address)
Approx. Annual Income _____ **Title** _____
Number of Siblings _____ **Sibling Ages** _____

Who is the primary financial contributor to your educational aspirations?

Do you contribute financially to the support of any other person(s)? If yes, please list.

Do you have any other financial loan obligations? If yes, list type, amount and due date.

FINANCIAL RESOURCES

Personal Savings _____ **Employment** _____
Loans _____ **Other** _____

ASSISTANCE

From Family _____ **From Others** _____

SCHOLARSHIPS & GRANTS

Recieved _____ **Applied For** _____
Total Resources Amount _____

FINANCIAL EXPENSES

Tuition & Fees _____ **Books & Supplies** _____
Room & Board _____ **Transportation** _____
Personal _____ **Other Costs** _____
Total Expenses Amount _____



CONSENT FOR RELEASE OF INFORMATION

I hereby consent to the release of any information that, in the judgement of the Scholarship Committee, may be of assistance in evaluating my scholarship application and for no other purpose. (This will not include a credit report or request for medical information).

I understand that by submitting my scholarship application, I am providing personal and sensitive information, including but not limited to my academic records, financial details, personal essays, and recommendation letters.

I acknowledge and agree that:

- The information provided in my application will be used solely for the purpose of evaluating my eligibility for the scholarship.
- My application materials will be reviewed only by authorized individuals involved in the scholarship selection process.
- Efforts will be made to keep my information confidential and secure.
- The scholarship committee may verify the information provided in my application with relevant institutions or individuals if necessary.

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge.

Applicant Signature

____/____/____
Date

Parent or Guardian Signature (If student is not yet 18)

____/____/____
Date

GENERAL INFORMATION REMINDERS

- All materials must be received by HMC no later than Friday, April 10, 2026 at 5:00pm.
- Winners will be announced on or before April 27, 2026 via email. Additionally, a mailed letter with signed acknowledgement form must be completed and sent back to HMC.
- Questions should be directed to Mindy Peterson-Lindsey at mpeterson-lindsey@hopedalem.com.

TURN IN INSTRUCTIONS

To Mail Completed Application:

Hopedale Medical Complex
Scholarship Program
Attn: Mindy Peterson-Lindsey
PO Box 267
Hopedale, IL 61747

To Drop off a Physical Copy:

Hopedale Medical Complex
Administration Building
Attn: Mindy Peterson-Lindsey
107 Tremont St.
Hopedale, IL 61747
(next to the Medical Arts Physicians Building)

An acknowledgement email will be sent within 10 days. If you do not receive an acknowledgment email, please call Mindy at 309-449-4290.

All materials must be received by HMC no later than Friday, April 10, 2026 @ 5:00pm.