



# VERMILION ADVANTAGE HEALTH CARE CLUSTER CAREER SUPPORT INITIATIVE (CSI) SCHOLARSHIP PROGRAM

---

Dear Student:

Please fill out the application completely and attach a transcript of your grades. You may have your transcript sent directly to us from the Registrar's office, if that is your school policy.

Scholarship awards will be made based on the Scholarship criteria listed below. Applicants will be notified of his/her status by mail. You may call Vermilion Advantage with questions at 217-442-6201 or email [vhaugen@vermilionadvantage.com](mailto:vhaugen@vermilionadvantage.com).

The deadline for filing applications is April 1, 2008. Each applicant will be notified of his/her Status by mail following the selection process.

---

All applicants should send this completed application to the Health Care Cluster c/o Vermilion Advantage, 28 W. North St., Danville, IL 61832

Complete this checklist:

- Completed application form
- Copy of current grade transcript
- Three letters of reference in sealed envelopes
- Typed personal essay

---

## SCHOLARSHIP CRITERIA and APPLICATION PROCEDURES:

1. Candidates must be graduating Vermilion County high school seniors or DACC students preparing for a career in **Pharmacy or Physical Therapy**. Those attending DACC for one or two years will be given priority. Transfer must be to an Illinois four-year institution.
2. Candidates must intend to pursue a bachelor's degree on a full-time basis.
3. Candidates must show academic excellence and meet minimum ACT/SAT scores as required by the post-secondary partners.
4. Post-graduation employment in Vermilion will be required for two years. At the award of this scholarship, the Candidate will be required to sign a contractual agreement with the Cluster.
5. Scholarship recipients will be eligible for two consecutive years of support, based Average (G.P.A.) of 2.8 on a 4.0 scale. The student will be expected to provide grade transcripts to the Scholarship Application Committee annually.
6. CSI Scholarship funds will be distributed through Vermilion Advantage, NFP. Distribution will be made one-half at the beginning of the school year and on-half at the beginning of the second semester.
7. Scholarship funds will be applied to the total tuition fee through the University financial assistance office.
8. This scholarship will apply to one-half (1/2 of the annual tuition during the junior and senior years or an annual amount not to exceed \$5,000, whichever is less. Tuition at DACC will be for \$800 or 1/3 of the tuition, whichever is less.
9. **Only applications that are fully completed will be considered.** A completed application includes all required information on the application form, copies of current grade transcripts, three letters of reference, and a typed personal essay.
10. Paid internships are guaranteed for the student each of the summers starting after the completion of the freshmen year. Paid internships during holiday breaks will be made available when

---

---

## 1. General Information

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY-STATE-ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAMES & AGES OF SIBLINGS IN FAMILY \_\_\_\_\_

## 2. Education

HIGH SCHOOL/COMMUNITY COLLEGE ATTENDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_ GPA \_\_\_\_\_ CLASS RANK \_\_\_\_ / \_\_\_\_

ACT COMPOSITE SCORE \_\_\_\_\_ ACT/SAT MATH \_\_\_\_\_

SAT COMPOSITE SCORE \_\_\_\_\_

## 3. Activities Information:

Please use an additional sheet to describe the following. Information should be typed.

- List high school/college activities. Also include any honors you have received.
- List community service activities and organizations where you are a member.
- List employment. Please list jobs you have had with Employer, Position Held, Start Date, End Date (or still current), and Salary.
- List hobbies or special interests.

## 4. Essay

Write a brief (less than 500 words) typewritten essay describing your vision of health care in Vermilion County and how you can contribute to making this vision possible. Also include:

- Why did you choose the field of physical therapy or pharmacy?
- What do you know about physical therapy or pharmacy?
- What is your vision of the role of health care in the community environment?

Include your essay as an attachment with this application.

## 5. Recommendations

Your application must include three typewritten references from teachers (not related to you) of your choice. The form and instructions are on the next page of this application. The references should be sealed in separate envelopes and should accompany this application. Please print the names, phone numbers and email address of those teachers you have asked to prepare references:

a. \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

b. \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

c. \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

### Requested format for letters of reference

- Letters should be from three teachers on behalf of applicant for the CSI Health Care Cluster Scholarship
- Letters should be typewritten on school letterhead and provided with this application
- In closing, please include your name, signature, date of letter, telephone number and email address.

*This is not a specific form, but can be used as a guideline to write your letter.*

Scholarship applicant's name:

How do you know the applicant?

How long have you known the applicant?

Comment on the applicant's personal character

Comment on the applicant's scholastic performance

What characteristics of the applicant do you consider his/her greatest attributes?

How would you rate the applicant's potential for future personal achievement?

Why?

Any additional pertinent information or comments would be welcome.

Prepared by (signature) \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_