



Thomas H. Boyd Memorial Foundation

Attn: Sarah Schmidt
800 School Street
Carrollton, IL 62016
(217) 942-6946

Thomas H. Boyd Memorial Foundation supports the mission to improve the health of the people and the communities it serves. All gifts made to the foundation go directly toward enhancing patient and community health. The foundation was established in 2004 and is guided by a board of directors made up of Greene and Calhoun County residents. It is through the generosity, commitment and caring of many donors that the foundation is able to continue this mission.

Thanks to the donation of the Thomas Ballard family, a scholarship has been created to benefit the residents of Greene and Calhoun Counties. The scholarship of \$500 (non-recurring) will be awarded to one student from each of the Carrollton, Greenfield, North Greene, and Calhoun/Brussels High Schools. The applicant must be a graduating high school senior who has been accepted into a college or trade school program with a medical orientation.

To apply for this scholarship you must fill out the attached form, and submit *three* letters of recommendation in accordance with the requirements listed on the application form (no letters of recommendation come from a family member). There are multiple things that must be typed in addition to the following form, and have provided a checklist as well as rubric for how the applications will be evaluated.

Note: Each application is reviewed at the discretion of the Foundation Board and a “higher” score according to the evaluation does not guarantee receipt of the award.

Please mail the completed applications to:

Thomas H. Boyd Memorial Foundation
Attn: Sarah Schmidt
800 School Street
Carrollton, IL 62016

Applications need to be submitted by Friday April 15, 2016.

*(Late entries will **not** be accepted)

THOMAS H BOYD MEMORIAL FOUNDATION SCHOLARSHIP APPLICATION 2016 CHECKLIST

Please go through this list carefully to be sure you have all parts of the application; you will not be contacted if you have failed to submit one or more parts, and incomplete applications will not be considered.

- **Complete personal information on application**
- **List school(s) attended**
- **List school(s) applied with acceptance and beginning date(s)**
- **Attached one page about future career plans with medical field**
- **Attached one page about past experience with medical field**
- **Attached one page detailing community service**
- **Attached one page considering evidence of success with G.P.A.**
- **Attached three letters of recommendation**
 - **All three are from people outside of your family members**
- **Sign and date the application**
- **Return/Postmark the application prior to April 15, 2016**

BOYD MEMORIAL FOUNDATION APPLICATION FOR SCHOLARSHIP

1. Applicant: _____ Date: _____
2. Social Security Number (must have) _____
3. Home address _____
4. Telephone Number _____ 5. Date of Birth _____
6. Parent/Guardian _____ Telephone _____
7. List in chronological order all schools attended (Include dates).

8. Name and address (must have) of U.S. Educational or Vocational Institution you plan to attend.

9. Have you been accepted for admission? _____ Beginning _____
10. Please name and describe in detail (one attached page) the course of study you wish to pursue and your plans after graduation; note: this must describe your interest in pursuing a career in the medical field.
11. Please list and describe any past experience, classes, or other training (one attached page) you have had that demonstrates a commitment to a career in the medical field (example: CNA, dual-credit courses, etc.).
12. Please list and describe all community service (one attached page) you have been involved with (example: youth group service project, community service events for National Honor Society, volunteering with 4-H, etc.).
13. Please list and describe (one attached page) all evidence of past success (example: ACT/PSAE score, awards, other scholarships, National Honor society, etc.); this section needs to include your Grade Point Average and scale.
14. Please attach three letters of recommendation; each letter should be one page typed with original signature from someone that is not a family member (examples: coach, teacher, youth group leader, boss at work, etc.).

I UNDERSTAND THAT ANY SCHOLARSHIP WILL BE IN THE FORM OF A CHECK MADE TO THE APPLICANT WITH TUITION PAID AS PROOF OF ENROLLMENT.

Signature of Applicant

Date

Please return this form to:
Boyd Memorial Foundation
Attn: Sarah Schmidt
800 School Street
Carrollton, IL 62016

DEADLINE: NO APPLICATIONS WILL BE ACCEPTED AFTER APRIL 15, 2016.

THOMAS H BOYD MEMORIAL FOUNDATION SCHOLARSHIP APPLICATION 2016 RUBRIC (FOR CONSIDERATION)

This is how your application will be scored prior to discussion amongst board members, this is for your knowledge with intentions of helping you be more successful with your application in speaking to what the board is looking for.

Name _____ Phone # _____

Date _____ High School _____

Planned College and Field _____

POINTS AVAILABLE	DESCRIPTION	SCORE
0-10	Quality of applicant's letter of application including career goals Clearly Typed, Grammar/Expression, Organization	
2-5	Grade Point Average	
0-5	Evidence of commitment to profession, planned field of study	
0-5	Community Service Experiences	
0-10	Evidence of past successes, ACT/PSAE, etc.	
0-5 (each)	Letters of Recommendation	
		TOTAL
	EVALUATOR COMMENTS/NOTES:	