

**2021 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 2021 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) One Completed Recommendation Form**

*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: April 1, 2021.**



**2021 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: April 1, 2021.**

**2021 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 April 1, 2021. 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:

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Reviewer’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_