

## 2025 CGH Health Foundation Nursing and Healthcare Scholarships

There is one application for 9 scholarship funds.

### DEADLINE

Due Friday, June 13, 2025

### **NURSING SCHOLARSHIPS – due June 13, 2025**

*(includes coursework for CNA, CMA, LPN, RN, BSN, MSN, NP)*

**All awards are for full- or part-time students, based on merit as well as financial need.**

**Funds will be applied toward tuition and fees.**

#### **SCHOLARSHIP: Jill Adolph Nursing Scholarship**

**SPONSOR:** Jeff Adolph, Jason Adolph Family and Justin Adolph Family

**AWARD: \$2,000 scholarship for one year**

The Jill Adolph Nursing Scholarship was created in 2024 by her family in remembrance of her 36-year career in nursing at CGH Medical Center. She was a nurse and administrator at CGH clinics from 1986-2022, lastly as Director of Nursing, Physician Services. In all her roles, she embodied positivity, compassion and empathy. She was a true leader, role model and mentor, who pushed her staff, co-workers, and friends to be the best they could be. The family would like to encourage all levels of nursing students to apply, including CNA, CMA, LPN, RN, BSN, MSN and NP students.

#### **SCHOLARSHIP: Edgar and Florence Hall Nursing Scholarship**

**SPONSOR:** Maxine Hall

**AWARD: \$1,000 for one year**

The Edgar and Florence Hall Nursing Scholarship was created in 2007 by their daughter, Maxine Hall, in their honor. Miss Hall was a long-time area teacher and supporter of continuing education.

#### **SCHOLARSHIP: Althea Larson Nursing Scholarship**

**SPONSOR:** CGH Health Foundation

**AWARD: Three \$3,000 scholarships, renewable up to 4 years**

The Althea Larson Nursing Scholarship was created in 2002 by the CGH Health Foundation to assist qualified individuals in pursuing a professional nursing career. It was renamed in 2012 to honor the late Mrs. Larson, who was a former CGH Board member and Foundation trustee. Scholars may receive up to four (4) annual scholarships.

#### **SCHOLARSHIP: Anne C. Marry Nursing Scholarship**

**SPONSOR:** Glenn and Kathy Shirley

**AWARD: Two \$1,000 scholarships for one year**

The new Anne C. Marry Nursing Scholarship was created in 2024 by her daughter, Kathy Shirley, and husband, Glenn. Mrs. Marry retired as the director of the pediatrics unit at St. Mary's Hospital, Kankakee, where she worked for most of her career. She developed lifelong connections with her fellow nurses, who even in her 92nd year she still sees regularly. Her legacy extends through the "hard work" ethic she taught generations of her family and the countless staff and parents she supported and mentored. Her family is proud to offer this grant in testament to her commitment to the nursing profession.

#### **SCHOLARSHIP: Mary McCormick Nursing Scholarship**

**SPONSOR:** Larry and Mary McCormick Family

**AWARD: Two renewable \$1,000 scholarships**

The new Mary McCormick Nursing Scholarship was created by Larry McCormick in thanksgiving for his wonderful wife, with whom he raised 11 children, and who during her career as an OB nurse helped deliver and care for hundreds of babies and new mothers at CGH. Mary was an Employee of the Month and was recognized for "setting the standard for nursing". She was dedicated to her patients and team, continually encouraging and developing nursing students, and anticipated the needs of her patients. She retired in 2021 after a 41-year career at CGH. She is a graduate of Swedish American Hospital School of Nursing.

## **HEALTHCARE SCHOLARSHIPS (nursing students may apply) – due June 13, 2025**

**SCHOLARSHIP: CGH Medical Center Auxiliary Healthcare Scholarship**

**SPONSOR: CGH Medical Center Auxiliary**

**AWARD: Up to five \$1,000 scholarships for one year**

The CGH Medical Center Auxiliary awards up to five annual \$1000 scholarships to students who are enrolled and accepted into a health-related program, reside in the area served by CGH Medical Center and meet the criteria established by the Auxiliary. Scholarships are awarded based on the applicant's character, academic achievements, activities, financial need and community service.

**SCHOLARSHIP: Marietta and Bill Lilly Healthcare Scholarship**

**SPONSOR: Lilly Family**

**AWARD: \$1,000 for one year**

The Marietta and Bill Lilly Healthcare Scholarship was created in 2006 by their family in grateful appreciation for the care received at CGH Medical Center prior to Marietta's death. Her family was so impressed with CGH staff that they wish to honor this excellence by assisting local individuals in pursuing a career in healthcare. Bill Lilly passed away in 2018. The healthcare scholarship is based on financial need. Full/part-time students may apply.

**SCHOLARSHIP: Gene and Lu Robbins Healthcare Scholarship**

**SPONSOR: Eugene Robbins**

**AWARD: \$2,500 for one year**

Long-time Foundation donor and volunteer Eugene Robbins is grateful that he and his late wife, Lu, enjoyed such a wonderful life together in the Sauk Valley. They spent their careers sharing their talents and love of people and their retirement giving a boost to others. Although neither one was able to afford college, they both believed in higher education from early on. Their scholarship was created in 2024 to make dreams come true for area students interested in a career in healthcare.

**SCHOLARSHIP: Sterling Rock Falls Community Trust Healthcare Scholarship**

**SPONSOR: Sterling Rock Falls Community Trust**

**AWARD: Two \$3,000 scholarships for one year**

The Sterling Rock Falls Community Trust Healthcare Scholarship was created in 2005 in partnership with the CGH Health Foundation to assist qualified individuals in pursuing nursing or healthcare careers. Full- and part-time students may apply. One of the goals of the Trust is to provide educational scholarships for new and previous high school graduates from the Sterling-Rock Falls area. A 7-person board oversees the good works of the Trust, created in 1968.

### **APPLICATION CRITERIA**

#### ***Eligibility Requirements***

- ✓ Resides in CGH Medical Center service area (includes Whiteside, Lee, Carroll, Ogle, and Bureau counties)
- ✓ Demonstration of financial need; merit also considered
- ✓ Minimum 3.0 grade point average on a 4.0 scale overall or equivalent
- ✓ Proof of acceptance in accredited nursing program (CNA, CMA, LPN, RN, ADN, BSN, MSN, NP)  
**OR**
- ✓ Proof of acceptance in accredited healthcare program (such as physical therapy, speech pathology, pharmacy, emergency medical technician, radiology technology, dietitian, for example)  
***DOES NOT INCLUDE pre-med, pre-physical therapy and other type designations***

## DEADLINE – Due Friday, June 13, 2025

**Please print or type**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Student cell phone: \_\_\_\_\_ Student email: \_\_\_\_\_

High school attended/Graduation year \_\_\_\_\_

### **Student's Status**

Expected credits per semester \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_

Name of the school accepted at: \_\_\_\_\_

Please indicate degree sought: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expected graduation date from your nursing/healthcare program: \_\_\_\_\_ (mo)/\_\_\_\_\_ (yr)

### **Financial Information**

Your primary source of support/income - **Please Check One:**

Your parents (even if you have your own tax return, if you are claimed by your parents on their return, send one page from your PARENTS' tax return showing adjusted gross income)

You and your spouse

You are self-supporting (send your own return ONLY if not claimed on your parents' return)

Number of immediate family members currently enrolled in college besides yourself \_\_\_\_\_

Extenuating circumstances (family illness, loss of job, etc.) \_\_\_\_\_

Parent/Guardian place of employment 1 \_\_\_\_\_

Parent/Guardian place of employment 2 \_\_\_\_\_

Student's place of employment \_\_\_\_\_

Number of dependent persons in the family claimed on tax return \_\_\_\_\_

Family's adjusted gross income (from page 1 of most recent income tax report filed) \$ \_\_\_\_\_  
(if you are claimed as a dependent on your parents' tax report, then submit ONLY page showing the adjusted gross income)

Are you eligible for or receiving tuition reimbursement from CGH Medical Center?  Yes  No

Please list any educational loans and/or scholarships you have applied for:

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**PERTINENT INFORMATION FOR Awardees:**

1. Monies will be disbursed directly to the college/university.
2. Scholarship recipients are required to submit proof of registration before disbursement occurs.
3. Scholarship recipients are required to submit copy of grades, showing proof of maintaining a minimum 3.0 GPA on a 4.0 GPA scale.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\*\* \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*If applicant is under the age of 18

**YOUR APPLICATION WILL NOT BE CONSIDERED IF ANY  
OF THE FOLLOWING ITEMS ARE MISSING.**

**APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting**

Submit the following: (1) Email as an attachment to: [foundation@cghmc.com](mailto:foundation@cghmc.com) (2) Mail to CGH Health Foundation, 100 E. LeFevre Road, Sterling 61081 or (3) drop off at Foundation office, 2600 N. Locust St., Sterling, **on or before Friday, June 13, 2025.**

- A brief profile of yourself emphasizing occupational goals. (4 to 5 paragraphs typewritten).
- Copy of grades (include **unofficial** record of grades, **does not need to be notarized**, see school counselor for assistance if necessary).
- Copy of acceptance letter from school indicating program admitted to (**must be fully accepted and not still taking general education requirements prior to starting professional program**).
- Copy of **first page only** of parents' personal income tax return. If you are claimed by your parents, we will only consider their tax return. If you are not claimed as a dependent by your parents, then submit your own tax return. (Please "black out" all Social Security numbers before submission.)
- Two letters of recommendation. These must be signed, dated, written within the last 12 months by someone other than a relative. Please include the title/position of the person writing the letter.

**DO NOT SUBMIT** until all boxes above have been checked.

Before submitting, if you have any questions about above instructions, please email or call Amanda Blaine, Foundation Executive Director, at [amanda.blaine@cghmc.com](mailto:amanda.blaine@cghmc.com) or 815/625-0400, ext. 5672.