

## Scholarship Application

- SICHE scholarships are awarded annually in an amount not to exceed \$1,000 payable directly to the student as a lump sum.
- SICHE scholarship winners will be determined by a student's scholastic achievement and financial need.
- The availability of funds will determine scholarships awarded.

### Eligibility Requirements

- Full-time students attending an accredited college, university, technical, or trade school for the study of engineering, architecture, biomedical technology, building operations and maintenance, or related fields. Correspondence courses are not eligible.
- Applicants must be Illinois residents.

### Application Submittal

- Please submit the application with the following:
  1. High school transcript or college transcript
  2. ACT/SAT test scores
  3. Two letters of personal reference
- Please print or type. All blanks must be completed. Indicate N/A if question is not applicable.
- Applications will be accepted until December 10. Recipients will be notified by December 31.
- Send completed application to:  
SICHE Scholarship Committee  
PO Box 192  
Carbondale, IL 62903-0192
- If you have any questions, call 618.549.0721 extension 65580.



*Southern Illinois Chapter for Healthcare Engineering*

**SCHOLARSHIP APPLICATION**

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Personal

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1. Name \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Marital Status: \_\_\_\_\_
5. Dependents: \_\_\_\_\_  
(Age and Relationship) \_\_\_\_\_

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Education

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1. What is your professional goal? \_\_\_\_\_
2. What is your course of study? \_\_\_\_\_
3. What school are you currently attending? \_\_\_\_\_
4. What school do you plan to attend? \_\_\_\_\_
5. Have you been accepted? \_\_\_\_\_
6. Will you attend full time or part time? \_\_\_\_\_
7. Expected graduation date: \_\_\_\_\_
8. Please list all schools attended since elementary school:

School Name	City/State	Degree	Year Graduated	G.P.A.

*Southern Illinois Chapter for Healthcare Engineering*

9. Please list all honors received and when:

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10. List volunteer work performed; i.e. civic or religious organizations:

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**Financial**

1. What is your current annual income? \_\_\_\_\_
2. What total additional income/support do you receive? \_\_\_\_\_
3. What other financial obligations do you have? \_\_\_\_\_
4. How will this scholarship be used? \_\_\_\_\_

Please make any comments below, attach additional sheets as needed:

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**Consent for Release of Information**

I hereby authorize the release of any information requested by SICHE that may be of assistance in evaluating my scholarship application. I also attest that the information provided in this application is complete and accurate.

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

Date: \_\_\_\_\_

*Scholarship Application.doc*