

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, financial need, and career goals.
- The availability of funds will determine scholarships awarded.

Eligibility Requirements

- Full-time students attending high school as a Senior, 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.

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 January 4. Recipients will be notified in March.
- 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

Personal

1. Name _____
 2. Address: _____

 3. Phone: _____
 4. Marital Status: _____
 5. Dependents: _____
(Age and Relationship) _____
-
-

Education

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:

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

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:

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 2011.doc