

In 1990, the estate of Cleon and Beulah Palmer made it possible for Jersey Community Hospital to set up a fund encouraging area individuals to seek health care careers. The following year, money from the estate of Robert and Dorothy Gledhill added to the fund. Over the years, the JCH Foundation has provided assistance to a substantial number of students residing in its tri-county service area, while using only the interest accrued by this fund and from additional funds raised from the Foundation's annual golf tournament.

Applications are available in the Foundation office of Jersey Community Hospital, 200 East County Road and at the website [www.jch.org](http://www.jch.org), or in the Guidance Office of area high schools. Assistance in the amount of \$1000 per semester for up to 8 semesters is offered as a loan. Loans are forgiven for individuals completing their programs and applying their skills back in the hospital service area of Jersey, Calhoun, or Greene County.

**Applications are due April 1.** Questions about this program or application may be referred to the JCH Foundation Director, Charity Roth at 618-498-8392 or [croth@jch.org](mailto:croth@jch.org).

**General Information:** This program is designed to offer financial assistance to those studying for careers in the healthcare fields, in hopes they will return to work in the service AREA of Jersey Community Hospital. Examples of current professions in high demand are nurses, physicians, physical therapists, laboratory & imaging technologists, pharmacists, etc.

Funds in the amount of \$1000 (\$1000 per semester with \$8000 total maximum) will be awarded to those selected. The program requires submission of a completed application by April 1st for a program beginning in the fall semester. Applicants must be enrolled as a full-time student (12 hours or more) in order to qualify AND be admitted in to a medical program of study. The scholarship is renewable each year as long as the recipient maintains a 3.0 grade point average and demonstrates successful achievement within an approved major. Renewal information (transcript & next semester schedule) must be received in the Jersey Community Hospital Foundation Office after every semester for consideration for the following semester. Awards will be sent directly to the applicant and can cover any educational expenses.

At the completion of the student's approved program (or withdrawal before completion), all funds shall be repaid to the Jersey Community Hospital Foundation on a monthly schedule beginning six months after graduation or after enrollment is terminated or drops below full-time. For students who accept employment in their chosen field within the Hospital's service area (Jersey, Calhoun, or Greene County), loan amounts will be forgiven at a rate of \$2000 for each complete year that the participant remains in their selected field in the area.

Applicant **must** meet the following qualifications:

- Must be a resident of Jersey, Greene or Calhoun Counties.
- Must submit a completed scholarship application.
- Must be accepted in a MEDICAL/HEALTHCARE PROGRAM of study.
- Provide evidence of enrollment or acceptance into their desired program of study showing registration as a full-time student.\*

- \*Lewis & Clark Community College Nursing Students Only:*  
Completed Letter of Intent to enter into Nursing Program.

- Submit a copy of your high school transcript, optional inclusion of ACT or SAT scores (college transcripts are also required if applicable).
- Submit 3 letters of recommendation; one must be from a high school representative (if you're still in school); copies of original acceptable.
- Submit a one-page essay describing yourself, your college plans, career goals, experiences that prompted you to go into healthcare, etc.

Scholarship awards will be based on individual academic achievements, activities, leadership qualities, need, and career aspirations. Scholarship application and paperwork must be received by April 1st for the fall semester.

All documents must be submitted to:

Jersey Community Hospital  
ATTN: Foundation Dept.  
400 Maple Summit Rd.  
Jerseyville, IL 62052

If you have any questions or need more information, please contact  
Charity Roth, Foundation Director  
618-498-8392 or e-mail [croth@jch.org](mailto:croth@jch.org).

Name

E-Mail

Parent's E-Mail

Home Address

County of Residence

Phone Number

Birth Date

Social Security Number

Father's Name  
& Occupation

Mother's Name  
& Occupation

What degree are you seeking?

Specific profession or specialty  
in the medical field (if any)?

What school will you be  
attending first?

Have you been admitted to the  
above medical program?

What school did you last attend?

Grad Year

List honors, awards & other recognitions received:

List school, church or other extracurricular interests:

Please list community activities/volunteer work:

I have personally completed this application and have read all of the terms and conditions for the JCH Foundation Medical Education Fund. I certify that the information on this application is true and correct to the best of my knowledge and grant my permission for the information contained herein to be shared with the Scholarship Committee. If awarded the JCH Foundation Medical Education Fund loan, I release the right to use my name and picture for publications, reports, and press releases. By signing this application form, I give the JCH Foundation permission to verify my information.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION TO OBTAIN, USE AND DISCLOSE IMAGES,  
OTHER MEDIA AND RELATED INFORMATION**

By signing this form, I hereby authorize Jersey Community Hospital (JCH), its current and future affiliates and subsidiaries ("JCH HealthCare") to create, obtain, record use and disclose photography and/or video or audio recording in print, digital or video media ("images and other media"). As applicable, I also authorize JCH personnel to interview me and to obtain, use and disclose related information obtained for the purposes described in this form.

The permitted uses and disclosures of this information, images and other media may include without limitation:

- JCH publications (online, electronic and/or print)
- Fundraising, publicity, promotion, marketing or advertising for JCH
- Marketing as defined in the federal privacy regulations
- Posting on JCH websites (internal and external) or any JCH use of social media (Facebook, Twitter, Instagram, YouTube, Pinterest, etc.)
- Released to the print and broadcast media (e.g. radio, television, newspaper, magazines) third parties, third party websites, social media and all other types of electronic communication
- Other: \_\_\_\_\_

I further consent to my images and other media being stored and managed within JCH for future use, unless I indicate otherwise.

I understand that I may be identified in any use or disclosure of my images. I hereby waive the right to receive a copy, inspect or approve the information, images and other media for the purposes described above, and also waive any and all rights that I may have to any claims for payment or royalties in connection with the above use of information, images and other media. I understand that JCH and its corporate affiliates cannot control how third parties may use my information, images and other media. I release JCH, its affiliated entities, their directors, officers, employees and agents from any and all claims, actions, damages and liability of any kind arising from any of the permitted uses and disclosures described in this form. I acknowledge that the images and other media are and will remain the sole property of JCH.

I understand I have the right to refuse to sign this Authorization and that this Authorization is valid unless I cancel or revoke it in writing. If I choose to revoke this Authorization at any time in the future, I will send my revocation to JCH Health Care, Marketing, Communications and Media Relations at 400 Maple Summit Rd, Jerseyville, IL 62052. My written revocation will not affect any disclosure made before the receipt of my revocation by JCH HealthCare.

**I have read, understand and agree to the conditions of this Authorization by signing below.**

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Signature

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Name (Please Print)

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Date

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Parent or Legal Guardian Signature  
(if under 18 years of age)

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Name (Please Print)

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Date

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Phone Number

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Email Address