



HILLSBORO HEALTH FOUNDATION SCHOLARSHIPS 2026

The Hillsboro Health Foundation Scholarship Program is designed to give financial aid to persons who will train in the healthcare field. The Foundation administers three separate awards to serve this purpose: the Foundation Healthcare Scholarship, the Mae Seward Sorrells Nursing Scholarship and the Montgomery County Health Improvement Scholarship.

THE FOUNDATION HEALTHCARE SCHOLARSHIP

I. PURPOSE

- A. The Foundation Healthcare Scholarship is to promote the education of persons desiring to train for a **healthcare career**.
- B. The award is to encourage students to seek a position at Hillsboro Health upon completion of training.

II. ELIGIBILITY

- A. Students must be accepted for admission to an accredited program/school.
- B. Students must be a high school graduating senior or must have completed at least their first semester in a college healthcare program.
- C. For one year prior to date of application, the student must be a resident of Montgomery County or currently employed at Hillsboro Health.
- D. The student must be in need of financial assistance.
- E. The student must be recommended by the Foundation.
- F. The student may reapply the next year upon successful completion of their first year.

III. AMOUNT OF SCHOLARSHIP

- A. The Foundation Healthcare Scholarship will pay two thousand dollars (\$2,000.00). At the discretion of the Foundation, additional funding may be granted.
- B. Partial scholarships may be granted based on the student's need and the availability of funds.

IV. POLICY

- A. If the student withdraws from the program prior to the completion of his/her training, the following will apply:
 - 1. The total amount of scholarship money awarded is to be repaid to the Foundation.
 - 2. If withdrawal occurs before tuition deadline, and the student is entitled to a tuition refund, said refund of the scholarship is to be returned in full to the Hillsboro Health Foundation.
- B. The scholarship recipient, as a condition of receiving the scholarship, agrees to apply for a position at Hillsboro Health upon completion of the program. It is understood that the applicant may not be accepted by the Hospital.
- C. The student is required to notify the Human Resources Department at Hillsboro Health (217-532-4323) of his/her graduation date at least six months prior to graduation.
- D. Upon completion of the semester/program, transcripts must be submitted to the Foundation.

MAE SEWARD SORRELLS NURSING SCHOLARSHIP

I. PURPOSE

- A. The Mae Seward Sorrells Nursing Scholarship is to promote the education of persons desiring to train for a **nursing career**.
- B. The award is to encourage nursing students to seek a position at Hillsboro Health upon completion of training.

II. ELIGIBILITY

- A. Students must be accepted for admission to an accredited school.
- B. For one year prior to date of application, the student must be a resident of Montgomery County or currently employed at Hillsboro Health.
- C. The student must be in need of financial assistance.

III. AMOUNT OF SCHOLARSHIP

- A. The Mae Seward Sorrells Nursing Scholarship will pay Five Hundred dollars (\$500.00). The student is required to provide a copy of his/her class schedule prior to receiving this award.
- B. Partial scholarships may be granted based on the student's need and availability of funds.

IV. POLICY

- A. If the student withdraws from the nurse training program prior to the completion of is/her training, the following will apply:
 - 1. The student relinquishes his/her claim to any remaining scholarship money.
 - 2. If withdrawal occurs before the tuition deadline, the student relinquishes the scholarship money.
- B. The scholarship recipient, as a condition of receiving the scholarship, agrees to apply for a position at Hillsboro Health upon completion of schooling and licensure. It is understood that the applicant may not be accepted by Hillsboro Health and that the scholarship recipient is not required to accept employment if offered. Students may contact the Hillsboro Health Human Resources Department at 217-532-4323.

MONTGOMERY COUNTY HEALTH IMPROVEMENT SCHOLARSHIP

I. PURPOSE

- A. The Montgomery County Health Improvement Scholarship is to promote the education of persons desiring to train for a **nursing career**.
- B. The award is to encourage nursing students to seek a position at Hillsboro Health upon completion of training.

II. ELIGIBILITY

- A. Students must have successfully completed their **first year of a two-year accredited nursing program** or **second year of a four-year accredited nursing program**.
- B. For one year prior to date of application, the student must be a resident of Montgomery County or currently employed at Hillsboro Health.
- C. The student must be in need of financial assistance.

III. AMOUNT OF SCHOLARSHIP

- A. The Montgomery County Health Improvement Scholarship will pay Six Hundred dollars (\$600.00). The student is required to provide the Hillsboro Health Foundation with a copy of his/her class schedule prior to receiving this award.

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- B. Partial scholarships may be granted based on the student's need and the availability of funds.
- C. One (1) Montgomery County Health Improvement Scholarship will be awarded each year.

IV. POLICY

- A. If the student withdraws from the nurse training program prior to the completion of his/her training, the following applies:
 - 1. The student relinquishes his/her claim to any remaining scholarship money.
 - 2. If withdrawal occurs before the tuition deadline, the student relinquishes the scholarship money.
- B. The scholarship recipient, as a condition of receiving the scholarship, agrees to apply for a position at Hillsboro Health upon completion of schooling and licensure. It is understood that the applicant may not be accepted by Hillsboro Health and that the scholarship recipient is not required to accept employment if offered. Students may contact the Hillsboro Health Human Resources Department at 217-532-4323.



**HILLSBORO HEALTH FOUNDATION
2026 SCHOLARSHIP AND GRANT APPLICATION**

Check scholarship(s) applying for:

- Healthcare Scholarship** **Mae Seward Sorrells Nursing Scholarship**
 Montgomery County Health Improvement Scholarship

DATE: _____

NAME _____ SS# _____
 First Middle Initial Last

ADDRESS _____ BIRTHDATE _____

PHONE NUMBER _____ DAYS _____ EVENINGS _____

EMPLOYMENT RECORD _____

MARITAL STATUS _____ NAME OF SPOUSE (if applicable) _____

SPOUSE'S OCCUPATION _____

NAME & ADDRESS OF SPOUSE'S EMPLOYER _____

IF UNMARRIED,

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

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LIST ANY DEPENDENT SIBLINGS AND/OR CHILDREN. GIVE NAME AND AGE OF EACH. IF EMPLOYED, STATE EMPLOYER AND WHETHER FULL (F) OR PART (P) TIME.

NAME	AGE	EMPLOYER	F OR P
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL OTHER SCHOLARSHIPS YOU HAVE APPLIED FOR: _____

HAVE ANY OF THESE BEEN AWARDED TO YOU? ____ IF SO, GIVE NAME & AMOUNT:

LIST ANY FINANCIAL AID (GRANTS, LOANS) YOU WILL BE RECEIVING AND AMOUNTS:

WHERE HAVE YOU BEEN ACCEPTED AND PLAN TO ATTEND? _____

WHAT DEGREE (OR DIPLOMA) WILL YOU WORK TOWARD? _____

Along with the questionnaire, your completed application should include the following:

1. Two (2) letters of reference from your clergyman, physician, teacher, counselor, or employer (not a relative or classmate).
2. Official transcript of your grades from all schools you have attended and are currently attending.
3. On a separate sheet of paper, include an essay of your high school experience, or if a graduate, your most recent work-related experience, your present activities, and why you are interested in a healthcare career.

4. The applicant, along with parent(s), guardian, or other responsible individual, (unless applicant is an adult), is required to sign scholarship/grant agreement outlining terms and conditions of the scholarship.

MAIL OR DELIVER YOUR SCHOLARSHIP APPLICATION, LETTERS OF REFERENCE, TRANSCRIPT AND ESSAY IN ONE ENVELOPE by Monday, April 15, 2026 to:

Shannon Freeman
Hillsboro Health
1200 E. Tremont St.
Hillsboro, IL 62049

QUESTIONS CONCERNING THE ABOVE MAY BE DIRECTED TO:
Shannon Freeman at 217-532-4168.

_____	_____
SIGNATURE OF APPLICANT	DATE
_____	_____
SIGNATURE OF PARENT OR GUARDIAN (UNLESS APPLICANT IS AN ADULT)	DATE

**DEADLINE FOR COMPLETED APPLICATION:
April 15, 2026**