

Graham Health System Scholarship for the Advancement of Rural Healthcare c/o Spoon River College Foundation (EXHIBIT D)

Beginning during the 2021-22 academic year, Graham Hospital Association has launched a scholarship program, through the SRC Foundation and for students at SRC, to help address financial need among students who wish to enter the field of healthcare or work in a healthcare system, while also addressing the future needs of their workforce. In exchange for employment upon completion and receiving scholarship funds which can cover tuition, fees, books, materials, and other education-related costs, the successful applicant will agree to work for Graham Health System, upon completion of coursework at SRC. The length of the work commitment will correspond to the total amount of funds awarded through the scholarship (see Exhibit 3 for more information).

These scholarships are available to students who are studying medical fields, as well as additional fields where Graham Health System may see need for employment. These include, but are not limited to: Health Information Management, Nursing (including R.N. and L.P.N.), Medical Laboratory Technician, Certified Nursing Assistant, Emergency Medical Technician, Pharmacy Technician, Computer Information Systems, and Culinary Management.

In addition to meeting minimum qualifications for eligibility, students who apply for this opportunity must agree to all conditions of this scholarship at the time of applying. If selected to receive this scholarship, students must sign an award letter with the SRC Foundation, sign a work agreement with Graham Health System, demonstrate adequate academic progress, and complete all requirements for certification/licensure in an agreed-upon timetable. If, at any point, a student is deemed in violation of the scholarship requirements, the student will be required to pay the awarded funds back to SRC. However, students who complete all requirements for certification/licensure and all requirements of the scholarship/work agreements are not expected to pay any funds back. Should student complete all requirements of the program, and not be offered a position by Graham within 90 days of completion and any potential licensure/certification, student shall be deemed to have met all requirements and not pay back any funds to the SRC Foundation.

Scholarships may cover part or all of the entire student's financial responsibilities to SRC. Maximum scholarship amount is \$20,000 per student, disbursed over the number of years necessary to complete program of study. Award amount will vary from student to student, based on the chosen field of study, applicants' individual situations, and availability of funds. Funds will be distributed on a semester-by-semester basis, upon students' meeting certain benchmarks.

Please note: additional funds for other expenses may be available for successful applicants directly through Graham Health System. Interested applicants may call (309) 649-5240, ext. 2202, for more information.

Before applying, prospective applicants must:

- Have a minimum of a 2.0 cumulative GPA (current or most recent institution's GPA will be used)
- Meet with an SRC adviser to develop a Completion Plan and obtain that adviser's signature
- Apply for admission to SRC
- Apply for admission to specific programs of study (if required)
- Apply for financial aid through the Free Application for Federal Student Aid (FAFSA). – SRC school code: 001643
 - If the program that a student intends to enter is not eligible for financial aid, FAFSA is not necessary for this scholarship. However, all other SRC Foundation scholarships require FAFSA for eligibility, so completion of FAFSA is encouraged.

As part of application process, applicants must:

- Complete this scholarship application
- Sign enclosed FERPA release authorizing sharing of all academic information with Graham Health System (EXHIBIT 1)
- Include at least one personal or professional reference
- Ensure SRC has most recent transcript on file (if new student)

- Interview with representatives of Graham Health System (please note that, while this is a required part of the application process, final decision for awarding scholarships rests with SRC Foundation).

After being approved for scholarship, students must:

- Sign work agreement with Graham Health System to, upon completion at SRC, work a pre-determined number of years proportional to the specific funds awarded and education completed.
 - Guaranteed to receive full pay/benefits entitled to that position (salary will not be reduced), but student will be required to pay back a pro-rated portion of scholarship funds if they do not fulfill entire work agreement.
- Meet with SRC adviser before registering for appropriate classes each semester
- Meet with designated representative of Graham Health System each semester
- Remain on-track academically according to agreed-upon Completion Plan
- Maintain a minimum SRC cumulative GPA of 2.0
- Complete all requirements for completion of degree/certificate
- Take and pass any examination(s) required for licensure within 6 months of Degree/Certificate completion.
- Agree to all terms of being a scholarship recipient and sign award letter with SRC Foundation indicating as such.

STEPS TO APPLY: Scholarship is available on a rolling basis. For students intending to begin their studies in the Fall Semester, all requirements to apply must be met by June 30. For students intending to begin their studies in the Spring Semester, all requirements to apply must be met by October 31. For students intending to begin their studies in the Summer Semester, all requirements to apply must be met by March 31. Please note that some courses have maximum class sizes and that applying for this scholarship does not guarantee a seat in the next course. However, applicants who complete requirements after deadline will be considered as part of next semester's deadline.

- Complete an application for admission to Spoon River College
- Meet with SRC Adviser and create Completion Plan, which must be enclosed with application
- Apply for admission to specific academic program (if applicable)
- Apply for financial aid through the Free Application for Federal Student Aid (FAFSA) for the applicable academic year. – SRC school code: 001643
 - If the program that a student intends to enter is not eligible for financial aid, FAFSA is not necessary for this scholarship. However, all other SRC Foundation scholarships require FAFSA for eligibility, so completion of FAFSA is encouraged.
- Ensure that an institution-verified copy of the most recent transcript (high school, GED, or college) is on file at SRC. Current high school seniors must provide 7th semester high school transcripts, even if they apply before the 7th semester transcripts are available. *It is the responsibility of the applicant to ensure that SRC has the 7th semester transcript. (For example, a student who submits their application in November, 2020 will need to ensure that a 7th semester transcript is sent to SRC in 2021, even if they have already submitted a 6th semester transcript.)*
- Download, read, and complete, **using ink**, this scholarship application packet in either Word or PDF versions. Please be sure to provide all information requested.
- Print, sign and mail (or drop off) application and all associated documents to: **SRC Financial Aid Office, 23235 North County 22 Highway, Canton, IL 61520, fax to (309) 649-6393**, OR electronically submit to financialaid@src.edu (Note: While SRC goes to great lengths to ensure electronic privacy, electronic submission of this application and all the information contained therein is at your own risk.) Be sure to sign your application. Note: Electronic signatures are not accepted.
- Retain a copy for your files.
- Maintain your correct mailing address and all contact information with SRC.
- Complete interview/employment screening meeting with a representative of Graham Health System (scheduled by Graham Health System as part of the application process).

Students will generally be notified within approximately 30 days of their approval/denial. In order to receive the award, students must sign and return an acceptance letter and an agreement with Graham Health System to work for Graham Health System upon completion and licensure for a period of time commensurate with the size of the scholarship awarded (or be forced to repay scholarship funds in full), maintain adequate academic progress, and meet with both an SRC adviser and a representative from Graham Health System following each semester before the next semester's funds will be disbursed to the student's account.

It is the policy of Spoon River College to provide an educational, employment and business environment free of discrimination, harassment, and retaliation based on protected criteria. Students and employees are responsible for maintaining an educational environment free of discrimination, harassment, retaliation and complying with all policies.

Spoon River College is committed to promoting the goals of fairness and equity in all aspects of its operations and educational programs and activities. Equal Opportunity, Civil Rights Discrimination, Harassment, and Retaliation may be subject to resolution using the Civil Rights Complaint and Resolution Procedure listed in Spoon River College Policy 3.1.3, regardless of the status of the parties involved, whether members of the campus community, board of trustees, students, student organizations, faculty, administrators, or staff.

Inquiries about this policy and procedure may be made internally by employees and students to:

Title IX/VII Coordinator:

Melissa Wilkinson
Dean of Student Services
23235 N. County Hwy 22
Canton, IL 61520
Phone: (309) 649-6329
Email: Missy.Wilkinson@src.edu or TitleIXCoordinator@src.edu

Deputy Title IX/VII Coordinator:

Andrea Thomson
Human Resources Director
23235 N. County Hwy 22
Canton, IL 61520
Phone: (309) 649-6209
Email: Andrea.Thomson@src.edu or TitleIXCoordinator@src.edu

ADA/Section 504 Coordinator:

Makenna Barker
Advisor/Disability Services & Probation
23235 N. County Hwy 22
Canton, IL 61520
Phone: (309) 649-6268
Email: Makenna.Barker@src.edu

Inquiries may be made externally to:

Office for Civil Rights (OCR)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
Customer Service Hotline: (800) 421-3481
Facsimile: (202) 453-6012
TDD: (877) 521-2172
Email: OCR@ed.gov
Web: <http://www.ed.gov/ocr>

Graham Health System Scholarship for the Advancement of Rural Healthcare

Scholarship Application c/o SRC Foundation

Deadlines: FALL: June 30; SPRING: October 31; SUMMER: March 31

Please type or neatly complete all information below in black ink only.

PERSONAL DATA							
Legal Name:	(Last)	(First)	(Middle)				
SRC Student ID #	Date of Birth (MM-DD-YYYY)						
Street Address							
City, State Zip						County	
Email Address							
Home Phone #				Cell Phone #			
APPLICATION STATUS							
I am a (<i>check one</i>)		<input type="checkbox"/> New SRC student (*This includes dual credit students.)			<input type="checkbox"/> Current SRC student		
Campus attending (check all that apply)		<input type="checkbox"/> Canton	<input type="checkbox"/> Macomb	<input type="checkbox"/> Havana	<input type="checkbox"/> Rushville	<input type="checkbox"/> Online	
I will be attending (<i>check one</i>)		<input type="checkbox"/> full-time (12+ hours)			<input type="checkbox"/> part-time (under 12 hours)		
I am classified as a (<i>check one</i>)		<input type="checkbox"/> freshman (0-29 hours)			<input type="checkbox"/> sophomore (30+ hours)		
I received an SRC scholarship in the previous year (<i>check one</i>)					<input type="checkbox"/> yes		<input type="checkbox"/> no
I have submitted the most recent FAFSA		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Not Applicable		If yes, date submitted: _____	
I have requested all transcripts be sent to SRC Financial Aid Office or have transcripts on file at SRC.		<input type="checkbox"/> High School (7 th semester required)			<input type="checkbox"/> attached		<input type="checkbox"/> on file
		<input type="checkbox"/> GED (From Regional Office of Ed.)			<input type="checkbox"/> attached		<input type="checkbox"/> on file
		<input type="checkbox"/> Other Colleges:			<input type="checkbox"/> attached		<input type="checkbox"/> on file
		All SRC transcripts will be automatically pulled and do not need to be included here.					
EDUCATIONAL BACKGROUND							
Name of High School				City, State		County	
Date of Graduation		Cumulative GPA			on a scale of		
Class Rank	Class Size	Former SRC Dual Credit Student <input type="checkbox"/> yes <input type="checkbox"/> no					
GED Completion Year		County			City, State		
Name of other college attended					City, State		
Dates Attended: From:			To:		Cumulative GPA		
Credit Hours Earned			Program of Study at previous institution				
PROGRAM OF STUDY I am interested in the following program(s) of study at SRC:							
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Medical Laboratory Technician	<input type="checkbox"/> Nursing Assistant	<input type="checkbox"/> Nursing/LPN	<input type="checkbox"/> Pharmacy Tech	<input type="checkbox"/> Computer Information Systems	<input type="checkbox"/> Other: _____ _____
DEGREE SOUGHT I intend on pursuing the following degree(s):							
<input type="checkbox"/> Associate in Applied Science (AAS)	<input type="checkbox"/> Associate Degree in Nursing (ADN)	<input type="checkbox"/> Other (Please Specify):					
CERTIFICATE(S) SOUGHT I intend on pursuing the following certificate(s) (cont'd. on next page):							

PERSONAL DATA

<input type="checkbox"/> Computer Forensics	<input type="checkbox"/> Computer Information Technology	<input type="checkbox"/> Computer & Network Technician	<input type="checkbox"/> Computer User Support Specialist	<input type="checkbox"/> Cyber Security	<input type="checkbox"/> Enterprise Comp. Network Spec.	<input type="checkbox"/> Server Administrator	<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> Medical Coding	<input type="checkbox"/> Medical Insurance/Billing	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Medical Unit Secretary	<input type="checkbox"/> Phlebotomy Technician	<input type="checkbox"/> Nursing Assistant	<input type="checkbox"/> Practical Nursing
<input type="checkbox"/> Industrial Maintenance	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Culinary Mgmt.	<input type="checkbox"/> Emer. Med. Tech. (EMT)	<input type="checkbox"/> Other (please specify):			

START DATE I intend on beginning my studies:

<input type="checkbox"/> Fall Semester 20__	<input type="checkbox"/> Spring Semester 20__	<input type="checkbox"/> Summer Semester 20__	<input type="checkbox"/> Next Available Opportunity	<input type="checkbox"/> I have already begun my studies at SRC
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ANTICIPATED COMPLETION DATE I intend on completing my studies:

Semester _____ Year _____

Please include your Completion Plan, which you must complete and agree to with an SRC adviser before applying.

HIGH SCHOOL (HS) AND/OR COMMUNITY INVOLVEMENT

Please comment on any school or community activities you have participated in or any other information you wish for the scholarship committee to consider. Feel free to attach an additional page if necessary.

SRC COLLEGE LIFE Please choose SRC clubs and organizations you are involved in or may wish to be involved in.

<input type="checkbox"/> Ag. Fraternity Alpha Gamma Tau	<input type="checkbox"/> Art	<input type="checkbox"/> Student Ambassador	<input type="checkbox"/> Writing / Journalism	<input type="checkbox"/> Diesel Fraternity Phi Mu Tau	<input type="checkbox"/> Drama / Theatre S.T.A.G.E.
<input type="checkbox"/> Habitat for Humanity	<input type="checkbox"/> HEAL (Healthcare Enthusiasts & Leaders)	<input type="checkbox"/> Honors Society Phi Theta Kappa	<input type="checkbox"/> Intramural Sports	<input type="checkbox"/> Literary Magazine (Kaleidoscope)	<input type="checkbox"/> Speech and Debate
<input type="checkbox"/> PEEPS (People for Earth's Preservation)	<input type="checkbox"/> SNA (Student Nurses' Association)	<input type="checkbox"/> SGA (Student Government Assn.)	<input type="checkbox"/> Snapper Villas (living on Canton campus)	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Men's Basketball	<input type="checkbox"/> Women's Basketball	<input type="checkbox"/> E Sports	<input type="checkbox"/> Other	

REFERENCES/LETTERS OF RECOMMENDATION

Please provide at least one person who would agree to serve as your personal/professional reference and all ways that Graham Health System and SRC Foundation can contact them. Alternatively, you may attach a letter of recommendation with a way to contact this person.

NAME:
 ADDRESS:
 CITY, STATE ZIP:
 PHONE:
 E-MAIL:
 RELATIONSHIP TO APPLICANT:
 OCCUPATION/EMPLOYER:

CAREER GOALS

Please describe your ultimate career goals and how this scholarship opportunity will help you achieve them. Additionally, explain why you would like to work for Graham Hospital/Graham Health System. Feel free to attach an additional page if necessary.



Spoon River College

EXHIBIT 1

Permission to Release Information to Third Party

Name of Student _____

Student ID Number _____

I grant the release of the following information to representatives of:

Graham Hospital Association (D.B.A. Graham Health System/Graham Hospital/Graham Medical Group)

**210 West Walnut Street
Canton, IL 61520**

Select all that apply:

(Please note: Only SRC generated information may be released.)

All Academic/Transcript Records(*records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records*).

All Student Account Records(*records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to library fines, financial aid repayments and any other accounts receivable information contained in student account records*).

Instructor/Classroom Records (*records include: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade.*)

Financial Aid Information, including (check all that apply).

Required documents or missing documents

Financial Aid awards, i.e. Pell, MAP, Foundation Scholarships

Standards of Progress

Student Loan information and amount

Other (Please Specify): All information relevant to determine Graham Health System Scholarship for the Advancement of Rural Healthcare

The above-named individuals or organizations will need to request the information each time it is needed. I understand that this release will remain in effect until I complete the work requirement associated with the Graham Health System Scholarship for the Advancement of Rural Healthcare.

Signature: _____ Date: _____



Taking You Where You Want To Go

EXHIBIT 2

PHOTO/VIDEO/TESTIMONIAL RELEASE FORM

For the purposes of promoting the Graham Health System Scholarship for the Advancement of Rural Healthcare, SRC, the SRC Foundation, and Graham Health System may request to photograph its recipients and use the recipients' likenesses in promotional materials relating to the scholarship program.

If I am awarded a Graham Health System Scholarship for the Advancement of Rural Healthcare, I hereby grant Spoon River College and/or its assigns the right to copyright, publish and use without limitation the photographs, video and testimonials made of me by Spoon River College and/or its assigns for all lawful purposes of education, advertising, publication and/or editorial usage in any media, including social media. I waive any right of inspection or approval. I hereby release and discharge Spoon River College, and/or their assigns, from any liability resulting in the use of this photo, video, or testimonial.

Additionally, if I am awarded a Graham Health System Scholarship for the Advancement of Rural Healthcare, I hereby grant Graham Hospital Association and/or its assigns the right to copyright, publish and use without limitation the photographs, video and testimonials made of me by Graham Hospital Association and/or its assigns for all lawful purposes of education, advertising, publication and/or editorial usage in any media, including social media. I waive any right of inspection or approval. I hereby release and discharge Graham Hospital Association, and/or their assigns, from any liability resulting in the use of this photo, video, or testimonial.

I represent that I am of full age and authority and have full right to make this release and grant the rights herein granted.

Name _____ Date _____

Address (incl. city, state, zip) _____

Phone _____

Signature _____

EXHIBIT 3

Approximate Work Commitments at Graham Health System for Scholarship Recipients by Degree/Certification

- **A.D.N./R.N. (Nursing): one year for every \$8,000 awarded**
- **Medical Lab Technician: one year for every \$8,000 awarded**
- **Health Information Management: one year for every \$6,000 awarded**
- **Emergency Medical Technician: one year for every \$6,000 awarded**
- **Pharmacy Technician: one year for every \$6,000 awarded**
- **Certified Nursing Assistant (C.N.A.): one year for every \$4,000 awarded**
- **Computer Information Systems: one year for every \$4,000 awarded**
- **Culinary Management: one year for every \$4,000 awarded**

NOTE: Partial years are figured on a pro-rated basis, with 26 pay periods constituting one year. Minimum of one year work commitment is necessary to fulfill terms of scholarship. Amounts above are only approximate, are not final and are subject to change; actual commitments may vary.

CHECKLIST FOR APPLICANT

I have:

- Met with an SRC adviser
- Created Completion Plan with SRC adviser
- Applied for admission to SRC
- Applied for admission to specific program (if applicable)
- Applied for financial aid/completed FAFSA (if applicable)
- Requested all necessary transcripts be sent to SRC
- Completed scholarship application
 - Signed pages 7, 8, 9
 - Obtained SRC adviser signature (pg. 10)
 - Included all attachments if necessary

AFFIRMATION

I have read and understand all criteria and requirements regarding the Graham Health System Scholarship for the Advancement of Rural Healthcare and understand that all of this information will be shared with relevant representatives of Graham Health System and the SRC Foundation reviewing applications for scholarships, and I understand that a representative of Graham Health System may contact me to set up an interview for the next phase of this application process. I understand that, if I am offered and accept a scholarship, I will be required to sign an award letter and a contract with Graham Health System to fulfill a work commitment in lieu of paying funds back, and that I will be responsible for paying funds back if I am unable to fulfill my obligations as a recipient of the scholarship.

The preceding information I have supplied on this application form is correct. If I receive a scholarship, I understand I must adhere to all requirements for that scholarship. I am not in default on any student loan(s). I also give my permission to Spoon River College to request and obtain any related information that would be pertinent to my application and share my information with committees reviewing applications for scholarships. Not all applicants will be awarded and awards are subject to the availability of funding. Electronic signatures are not accepted. Please sign in ink.

Student Signature _____ Date _____

Parent Signature for Minor (if under 18) _____ Date _____

SRC Adviser Signature _____ Date _____

Please print and mail/deliver this form to:
SRC Financial Aid Office, 23235 North County 22 Highway, Canton, IL 61520.

You may also fax this form to (309) 649-6393, or e-mail this form to financialaid@src.edu. Electronic submission of the information contained in this application is solely at the risk of the applicant.

Deadlines: FALL: June 30; SPRING: October 31; SUMMER: March 31

FOR OFFICE USE ONLY:

<input type="checkbox"/> FAFSA Completed	EFC	<input type="checkbox"/> Single Student	<input type="checkbox"/> Married Student	<input type="checkbox"/> Other	
<input type="checkbox"/> Has Dependents	<input type="checkbox"/> No Dependents	<input type="checkbox"/> Dependent Student	<input type="checkbox"/> Independent Student	<input type="checkbox"/> HS/GED Transcripts Received	<input type="checkbox"/> Other College Transcripts Rec'd.