



All information in this application is confidential and strictly for the use by the Carle Auxiliary Scholarship Committee.

Demographic Information

Name: \_\_\_\_\_ / /
Last First M.I. Date of Birth

Current Address\*: \_\_\_\_\_
Address City State ZIP Code

\*For use in correspondence with the Carle Auxiliary

Permanent Address: \_\_\_\_\_
Address City State ZIP Code

Phone: ( ) - ( ) - E-mail: \_\_\_\_\_
Mobile Home

Dependents (Include ages and relationships)

\_\_\_\_\_
\_\_\_\_\_

Education Information

What is your professional goal? \_\_\_\_\_

What is your course of study? \_\_\_\_\_

What is your present academic level? \_\_\_\_\_

What is your cumulative grade point average? /4.0 /4.0 /4.0
High School Undergraduate Graduate

What school will you attend this fall? \_\_\_\_\_

Status: (Full Time / Part Time)

How many semester hours? \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Please list all schools attended High School and beyond in chronological order.

School City, State Degree Granted

School City, State Degree Granted

School City, State Degree Granted



**Carle Auxiliary Scholarship Application**

List all honors and scholarships (academic or otherwise) you have received, including dates.

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In what health- or science-related activities have you been involved (volunteer positions, internships or other recreational activities)?

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**Additional Information**

List all the jobs you have held. Also, please include any volunteer work done not in the healthcare field.

Employer	Position	Start Date	Stop Date	Status
				(Part Time / Full Time)

Employer	Position	Start Date	Stop Date	Status
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				(Part Time / Full Time)

Employer	Position	Start Date	Stop Date	Status
				(Part Time / Full Time)

If you are not currently in school, how have you been occupied since leaving school?

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**Application Authorization and Certification**

1. In submitting this application for the Carle Auxiliary Scholarship, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, and/or education.
2. I understand and agree that all information furnished in this application may be investigated by The Carle Foundation, Subsidiaries and Affiliates or its authorized representatives. I waive any right I may have to notice from any individuals or organizations named or referred to in this application prior to the release of any information to The Carle Foundation, Subsidiaries and Affiliates. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give The Carle Foundation, Subsidiaries and Affiliates all information that relates to or is requested during an investigation, and I hereby release those individuals, organizations and The Carle Foundation, Subsidiaries and Affiliates from any and all liability for any claim or damage resulting therefrom.
3. I understand that, if accepted, I am required to abide by the rules and regulations set forth by the Carle Auxiliary Scholarship Committee. I further understand that, if I do not attend the learning institution listed on this scholarship application, I am no longer entitled to the benefits associated with this scholarship and will be required to return any and all remaining funds.
4. The information contained in this application is accurate and complete to the best of my knowledge and belief.

**I have read the instructions for filing an application for the Carle Auxiliary Scholarship and I certify that the above statements are correct and complete. If submitting this application electronically, I understand that typing my name in the space provided will have the same force and effect as my written signature.**

Signed: \_\_\_\_\_

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

Direct all documents and any questions to the Scholarship Chairperson. Applications can be submitted electronically to [Volunteer.Services@carle.com](mailto:Volunteer.Services@carle.com) as an attachment or through standard postal mail to the address below. Please note that your three references must be mailed separately from your application to the address listed below. The completed application with your personal profile, copies of all grade transcripts, and three completed references should reach the chairperson no later than **April 1**.

**Carle Auxiliary  
Attn: Scholarship Chair  
611 W Park St.  
Urbana, IL 61801**