Carle Scholars at Parkland College
Health Careers Scholarship Program

Checklist for Applying:
- Scholarship Program Application
- Statement of Academic and Professional Goals
- Minimum of Three References
- All Official and Complete Transcripts

The Carle Foundation is pleased to offer financial assistance for educational expenses to students enrolled in health careers programs at Parkland College. Students may apply for an initial installment of $2500 per semester, and an additional application may be submitted for a total assistance amount of $5000.

To qualify, you must:
- Be currently enrolled and/or accepted to Parkland Community College.
- Have a cumulative high school or college GPA of 2.75 or above on a 4.00 scale.

Application Deadline:
Complete Applications and supporting documentation must be received by Parkland by the following deadlines for a student to be considered for a scholarship.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Fall Semester</td>
<td>July 15th</td>
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<tr>
<td>Spring Semester</td>
<td>December 1st</td>
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<tr>
<td>Summer Semester</td>
<td>April 15th</td>
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</table>

Application Process:
- Complete and return the scholarship program application package to the Health Professions Department at Parkland College, Room L117.
- Attach a current copy of official high school or college transcripts.
- Provide three employment references from previous and current employers. If not previously employed, academic references from high school or college instructors will be accepted.
- After the receipt of all required information, the Health Careers Scholars Selection Committee will make a recommendation to Carle Human Resources.
- Applicants will be asked to interview with Carle Human Resources to discuss previous experiences and future educational and professional goals.
- Carle Human Resources will make scholarship selections and notify applicants within 45 days of the application deadline date.
- If selected, students will be required to attend periodic status meetings with Carle Human Resources. These meetings will discuss the student’s progress through the program and offer any applicable resources needed.

General Information:
- Initial scholarship requests may not exceed $2,500.
- Recipient will receive payment through Parkland.

If you would like clarifications, contact:
Rita Myles, Health Professions Program Manager
Parkland College
2400 W. Bradley Avenue
Champaign, IL 61821-1899
(217) 353-2681
RMyles@Parkland.edu
Carle Scholars at Parkland
Health Careers Scholarship Program
Assessment/Approval Form

Applicant Name: (Last)______________________  (First) ______________________

Degree: (circle one) EMT-Paramedic  Nursing  Occupational Therapy
Medical Lab Tech  Respiratory  Surgical Technology
Sonography  Certified Medical Assistant

Graduation Date: (Month) _____ (Year) ____

Check when complete:
___Application, original submission date ______, comments: ________________________.
___Statement of Academic and Professional Goals, comments: ________________________.
___References (circle as turned in): Employment 1, 2, 3; Academic 1, 2, 3;
___Transcript: High School GPA _____; College GPA_____

Packet Completion Date: __________________

Parkland Assessment:
(circle one)   Highly Recommend  Recommend  Do not recommend

Comments (Required for Highly Recommend or Do Not Recommend Ratings): ________________________
                                                                                          ________________________

Parkland Representative Signature: __________________________  Title: __________________________  Date: ___/___/___

Carle HR Assessment:
(circle one)   Highly Recommend  Recommend  Do not recommend

Comments (Required for Highly Recommend or Do Not Recommend Ratings): ________________________
                                                                                          ________________________

Carle Representative Signature: __________________________  Title: __________________________  Date: ___/___/___

Carle HR Approval:
(circle one)   Approved  Approved with Stipulation  Denied

Comments: ________________________________________________________
                                                                                          ________________________________________________________

Carle Approval Signature: __________________________  Title: __________________________  Date: ___/___/___
<table>
<thead>
<tr>
<th>TRAITS</th>
<th>Unsatisfactory 1</th>
<th>Some Deficiencies Evident 2</th>
<th>Satisfactory 3</th>
<th>Exceptional 4</th>
<th>Clearly Outstanding 5</th>
<th>Insert Rating 1 to 5</th>
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<tr>
<td>G.P.A. (fill in)</td>
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<tr>
<td>G.P.A.</td>
<td>&lt;2.75</td>
<td>2.75</td>
<td>2.76 - 3.00</td>
<td>3.01 - 3.75</td>
<td>&gt;3.751</td>
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<td>G.P.A., Parkland Comments</td>
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<td>G.P.A., Carle Comments</td>
<td>Inconsistent multiple “W”, “I” +/or “N” unaccounted for:</td>
<td>Inconsistent multiple “W”, “I” +/or “N” accounted for:</td>
<td>Consistent “W”, “I” +/or “N” accounted for:</td>
<td>Consistent, No “W”, “I” +/or “N” accounted for:</td>
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<td>Academic History, Parkland Comments</td>
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<td>Academic History, Carle Comments</td>
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<tr>
<td>Academic References</td>
<td>Below average ratings in multiple areas</td>
<td>Any below average rating</td>
<td>Overall average rating</td>
<td>Above average ratings in multiple areas</td>
<td>Superior ratings in multiple areas</td>
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<td>Academic References Parkland, Comments</td>
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<td>Academic References Carle, Comments</td>
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<tr>
<td>Employment History</td>
<td>Inconsistent, multiple gaps unaccounted for</td>
<td>Inconsistent, multiple gaps accounted for</td>
<td>Consistent, gaps accounted for</td>
<td>Consistent, no gaps</td>
<td>Consistent, no gaps, relevant to degree</td>
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<td>Employment History, Parkland Comments</td>
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<td>Employment History, Carle Comments</td>
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<tr>
<td>Employment References</td>
<td>Poor in multiple areas</td>
<td>Any poor ratings or multiple fair ratings</td>
<td>Overall average rating</td>
<td>Good ratings in multiple areas</td>
<td>Very good ratings in multiple areas</td>
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<td>Employment References Parkland Comments</td>
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<td>Employment References Carle Comments</td>
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<td>Professional Goals</td>
<td>Unable to articulate</td>
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<td>Articulated</td>
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<td>Professional Goals, Parkland Comments</td>
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<td>Professional Goals, Carle Comments</td>
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Carle Scholars at Parkland
Health Careers Scholarship Program
Request for Employment Reference

To be completed by student:
(Please print.)

Name: ____________________________________ Social Security Number: __________________________
(Last)   (First)   (Middle)
Address: ____________________________________ Telephone Number: __________________________
E-mail Address: ___________________________ Cell Phone: ___________________________

Place of Employment: :

Dates of Employment: ___________________________ Job title: ___________________________
Month/Year

To be completed by employer:
(Please print.)

Is the above information correct? __Yes ___ No, if not, please list corrected information. ___________________________

Reason for leaving: ____________________________________________

Please rate him/her on the characteristics described below:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
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<tbody>
<tr>
<td>Attendance</td>
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<td>Ability to work with others</td>
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<td>Job knowledge</td>
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<td>Quantity of work</td>
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<tr>
<td>Quality of work</td>
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<td>Overall performance</td>
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</table>

Eligible for rehire? ___________________________ Explanation: ___________________________

Additional comments: ___________________________ Respondents name: ___________________________

Title: ___________________________ Date: ___________________________ Signature: ___________________________

I may be contacted at _____________________(phone number) for further information.

Health Professions Department, Parkland College, 2400 W. Bradley Ave., Champaign, IL  61821
Carle Scholars at Parkland
Health Careers Scholarship Program
Request for Employment Reference

To be completed by student:
(Please print.)

Name: ______________________________________________ Social Security Number: __________________________
   (Last)   (First)   (Middle)
Address: _____________________________________________ Telephone Number: _____________________________
E-mail Address: ______________________________________ Cell Phone: _____________________________

Place of Employment: __________________________________________
   Address: ____________________________________________ Telephone Number: _____________________________

Dates of Employment: ________________________________
   Month/Year
Name of employer providing reference: _____________________________________________________________
   (Please Print)

I grant permission for Carle Human Resources to investigate my references and release Carle and my (former) employer from any and all liabilities resulting from such investigation.

Applicant Signature          Date
Carle Scholars at Parkland
Health Careers Scholarship Program
Request for Academic Reference

To be completed by instructor:

Student: ___________________________________________________________________________________

For which class of clinical rotation were you this student’s instructor?: ______________________________

Semester/year of class/clinical:

<table>
<thead>
<tr>
<th>Professional Qualities</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Academic Achievement</td>
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<tr>
<td>Attendance - Reports to class on-time and prepared.</td>
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<td>Development Potential - Has potential for personal and professional growth.</td>
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<td>Leadership - Ability to assume responsibility, organize work and execute projects with others.</td>
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<td>Problem Solving Ability/Judgement:</td>
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<td>• Critically evaluates facts and uses common sense to reach a reasonable solution.</td>
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<td>• Is able to interpret observations and take appropriate actions.</td>
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<td>• Seeks guidance from resource people</td>
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<td>Attitude/Adaptability</td>
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<td>• Adapts to changes in the working environment and adjust without adverse reaction.</td>
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<td>Organization</td>
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<tr>
<td>• Coordinated work in a logical fashion. Expedites plan in a reasonable length of time.</td>
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<td>• Adapts to unexpected change in plans.</td>
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<td>Initiative/Motivation</td>
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<td>Creativity</td>
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<td>• Demonstrates resourcefulness. Uses imagination; is not stereotyped in thinking.</td>
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<td>Communication Skills</td>
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<td>• Communicates clearly both orally and in writing. Uses tact when communicating. Listens attentively.</td>
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<td>Ethics and Professionalism</td>
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<tr>
<td>• Conducts oneself in an ethical and professional manner when relating to coworkers, patients and the public.</td>
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<tr>
<td>• Establishes effective interpersonal relationship with patients, families and coworkers.</td>
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</table>

Comments:
(May be completed on separate page if desired)

Instructor Name: ___________________________ Title: ___________________________

Date: ___________________________ Signature: ___________________________

I may be contacted at: ___________________________ for further information.

(phone number)

Please mail this form to:
Health Professions Department, Parkland College, 2400 W. Bradley Ave., Champaign, IL 61821
To be completed by student:
(Please print.)

Name: ____________________________________________ Social Security Number: ____________________________
    (Last)    (First)    (Middle)

Address: ____________________________________________ Telephone Number: ____________________________

E-mail Address: ____________________________ Cell Phone: __________________________________

College/School: ____________________________________________________________________________________

Address: ____________________________________________ Telephone Number: ____________________________

Expected date of Graduation: ____________________________ Expected Degree: ____________________________
    Month/Year

Name of instructor providing reference: ____________________________________________________________
    (Please Print)

I grant permission for Carle Human Resources to investigate my references and release Carle and my (former) instructor from any and all liabilities resulting from such investigation.

__________________________________________  ____________________________
Applicant Signature          Date
Carle Scholars at Parkland
Health Careers Scholarship Program

Student: ________________________________

Brief Statement of Academic and Professional Goals
(please limit to one typewritten page)
Carle Scholars at Parkland
Health Careers Scholarship Program

Employment History
List both part-time and full-time jobs. Start with present or last job (include military experience).

Name of Employer: ___________________________________ Supervisor’s Name: ______________________________
Address: _____________________________________________ Your Job Title: _________________________________
Phone: ______________________________________________ Duties: _______________________________________
Dates of Employment: ______________________________________________________

Name of Employer: ____________________________________ Supervisor’s Name: ______________________________
Address: _____________________________________________ Your Job Title: _________________________________
Phone: ______________________________________________ Duties: _______________________________________
Dates of Employment: ______________________________________________________

Name of Employer: ____________________________________ Supervisor’s Name: ______________________________
Address: _____________________________________________ Your Job Title: _________________________________
Phone: ______________________________________________ Duties: _______________________________________
Dates of Employment: ______________________________________________________

Are you legally eligible for employment in the United States?  Yes ☐ No ☐

Please reread this application carefully. Failure to complete all areas will delay processing of this application.

I understand that I am applying for financial assistance for my health career education through Carle, Urbana, Illinois. I affirm that all information I have provided in this application is accurate and correct. Further, I understand that any false statements made, as part of this application, will be considered sufficient cause for denial of financial assistance from Carle. I authorize Parkland College to release any and all academic and financial aid information to Carle. I also grant permission for the authorities of Carle to investigate my references and release Carle from any and all liability resulting from such investigation.

Candidate’s Signature: ____________________________________________ Date: ____________________

Approval: _____________________________________
Chair – Health Careers Committee   Date

Approval: _____________________________________
Carle HR Manager   Date
Carle Scholars at Parkland
Health Careers Scholarship Program

(Please print.) Date of Application: _____________________________

Name: ______________________________________________ Social Security Number: __________________________
    (Last)   (First)   (Middle)

Present Address: ______________________________________ Telephone Number: _____________________________

Permanent Address: ___________________________________ Telephone Number: _____________________________

E-mail Address: ______________________________________ Cell Phone: ____________________________________

Degree: (circle one)

  EMT    Nursing    Occupational Therapy    Medical Lab Tech
  Certified Medical Assistant    Respiratory    Sonography    Surgical Technology

Expected Graduation Date: ________ Cumulative GPA Calculated: ________ Grade Point Scale (circle one): 4.0  5.0

Education/Skills

<table>
<thead>
<tr>
<th>School</th>
<th>Name of School City and State</th>
<th>Dates Attended From To</th>
<th>Years Completed</th>
<th>Courses of Study</th>
<th>Did you Graduate</th>
<th>Degree or Diploma</th>
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<tbody>
<tr>
<td>High School</td>
<td></td>
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<td>Yes / No</td>
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<tr>
<td>College</td>
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<td>Yes / No</td>
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<tr>
<td>College</td>
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<td>Yes / No</td>
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<tr>
<td>Other</td>
<td></td>
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<td>Yes / No</td>
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</tbody>
</table>

Academic References
(List 4 references who are teachers, instructors, or (former) employers)

<table>
<thead>
<tr>
<th>Name/Relationship to Applicant</th>
<th>Company and Address</th>
<th>Present Title</th>
<th>Phone Number</th>
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