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.
- Fall Semester: July 15th
- Spring Semester: December 1st
- Summer Semester: April 15th

Application Process:
- Complete and return the scholarship program application package to the Financial Aid Office at Parkland College
- 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: ___/___/___
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<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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<td>G.P.A (fill in)</td>
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<td>G.P.A.</td>
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<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., Carle Comments</td>
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<td>G.P.A., Comments</td>
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<td>Academic References</td>
<td>Below average ratings in multiple areas</td>
<td>Any below average rating</td>
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<td>Superior ratings in multiple areas</td>
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<td>Academic References Carle, Comments</td>
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<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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<tr>
<td>Employment References, Parkland</td>
<td>Poor in multiple areas</td>
<td>Any poor ratings or multiple fair ratings</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>Clearly articulated, consistent with academic and employment history</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></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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<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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<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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<td>• Conducts oneself in an ethical and professional manner when relating to co-workers, patients and the public.</td>
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<td>• Establishes effective interpersonal relationship with patients, families and co-workers.</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
Carle Scholars at Parkland
Health Careers Scholarship Program
Request for Academic Reference

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 ___________________________
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.)

Name: ______________________________________________ Social Security Number: __________________________

(Last) (First) (Middle) Telephone Number: __________________________

Present Address: ______________________________________

Permanent Address: ___________________________________

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</th>
<th>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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<tr>
<td>High School</td>
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<td>Other</td>
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Academic References
(List 4 references who are teachers, instructors, or (former) employers)

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<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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