

# Dr. James E. Dailey Scholarship

The Dr. James E. Dailey Scholarship will be awarded for one year. The recipient must be a resident of the Iroquois Memorial Hospital service area who has been accepted into an accredited professional school to pursue a health related career. Documentation of acceptance must accompany applications. Curriculum choices include medical or dental school, nursing, veterinary medicine, dietetics, advanced practitioner, medical technician, medical secretary, clinical psychology or other medical occupation deemed acceptable by the scholarship committee. Students are NOT eligible if they have only been accepted into a "*general studies program*" or in a "*pre-curriculum*". Examples NOT eligible include but are not limited to: "Pre-Medicine", "Pre-Nursing" or "Pre-Physical Therapy." Once the student has been accepted into an accredited program, they will become eligible to apply.

The Dr. James E. Dailey Scholarship committee shall consist of a member of the Medical Staff of Iroquois Memorial Hospital, a member of the IMH Auxiliary Scholarship Committee and a member of the Dr. James E. Dailey Family. The committee will consider the applicant's attitude toward his/her proposed course of study, past record of scholarship and financial need.

**Completed applications plus attachments can be emailed to [bdjohnson@mchsi.com](mailto:bdjohnson@mchsi.com) or mailed to:**

**Brenna Johnson  
1545 N. 2000 East Rd.  
Watseka, IL 60970**

**Completed applications must be received by April 30<sup>th</sup>, 2024.** Scholarships will be awarded for one year only and may be renewed only upon re-application.

Monetary awards will be sent directly to the recipient's school to be applied toward tuition expense.

For additional information, you may contact Brenna Johnson at 815.383.4774.

# Dr. James E. Dailey Scholarship Application

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

Applicant: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

High School attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Class Rank: \_\_\_\_ in a class of \_\_\_\_\_

Proposed course of study: \_\_\_\_\_

Leading to (degree): \_\_\_\_\_

Accepted at (school): \_\_\_\_\_

Address of school: \_\_\_\_\_

\_\_\_\_\_

Course to begin: \_\_\_\_\_ Course to be completed: \_\_\_\_\_

Attendance at school(s) after graduation from high school: \_\_\_\_\_

Name of school: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Anticipated source of funds to complete education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brief statement as to reasons for entering proposed course**

**of study:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please submit the following with the application:**

- 1. Copy of school transcripts from last school attended**
- 2. Letters of recommendation from an Advisor or Instructor at the school last attended.**
- 3. Documentation of acceptance into professional school**

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**Applicant's Signature: \_\_\_\_\_**