

KishHealth Foundation

James J. Feeney, MD, Memorial Scholarship

Instructions and Policies

I. Eligibility for Scholarship

- A. Consideration is limited to applicants who
- Have been accepted in a college level pre-medical curriculum as full-time students
- Or
- Are currently enrolled as full-time students in an accredited medical school curriculum
- B. Applicants must be DeKalb County residents

II. Facts pertaining to JJF Memorial Scholarship:

- A. One scholarship will be awarded in the amount of \$1,000 for the academic year based on the availability of funds. Scholarship recipients may reapply annually for additional funds.
- B. Scholarships are awarded upon verification by the institution of student's enrollment. Recipient should request a verification letter be sent to KishHealth Foundation, P.O. Box 707, DeKalb, IL 60115.
- C. Check will be mailed to the recipient's school. If a recipient drops out of school, or switches from the pre-med/medical curriculum, funds must be returned commensurate with the remaining school year.
- D. Selection of recipient will be made in May for the following academic year.

III. Availability of applications

- Contact the KishHealth Foundation office at 815-748-9954
- E-mail khf@kishhealth.org
- Access the application at www.kishhealthfoundation.org

IV. Applications:

- A. Transcripts from all academic institutions (high school and beyond) must accompany this application. High school transcripts are required if the applicant graduated from high school within the last 10 years. An application will not be considered without transcripts. *Prior recipients need submit only updated transcripts.*
- B. Official proof of acceptance to a school of higher education must accompany this application. Schools need not be Illinois institutions.

- C. Direct all documents to Kish*Health* Foundation, P.O. Box 707, DeKalb, IL 60115.
- D. Direct questions to Kish*Health* Foundation at 815-748-9954.
- E. Completed applications and supportive documentation must be postmarked by May 1 preceding the academic scholarship year.

V. Criteria:

Scholarships are awarded based on the following criteria:

- Acceptance in a pre-med or medical school curriculum at an accredited four-year college or university
- Financial need
- Scholastic record

VI. JJF Memorial Scholarship Committee

- A. Selection of each year's recipient will be based solely on the decision of the committee.
- B. The committee will be comprised of three members of the Feeney family (Mrs. James Feeney, Deirdre Feeney Mihm and Meegan Feeney Richards), a member of the Kish Hospital medical staff, and the Executive Director of Kish*Health* Foundation.

KishHealth Foundation

**James J. Feeney, MD, Memorial Scholarship
Application**

Please print or type

Name _____
(First) (Middle) (Last)

Street address _____

City & Zip code _____

Telephone _____ Birth date _____

Marital status _____ Spouse's name _____

Dependents (age & relationship) _____

What is your expected academic level as of this September? _____

Professional goal _____

School you will attend this fall _____

Expected graduation date _____

Residency plans _____ Dorm / home/ other (specify)

List all schools attended beginning with high school. ***Transcripts from all institutions must accompany application.***

List all health-related job experience and dates of employment as well as volunteer activities.

What honors (academic or otherwise) have you received and when?

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

Resources and Anticipated Expenses for the Coming School Year: *List Below*

Resources

(Estimated per academic year)

Applicant _____
Spouse _____
Parents Contribution _____
Friends/Relatives _____
Personal Savings _____
Loans _____
Other _____
Scholarships, Grants etc.
 1. Received _____
 2. Applied for _____

Total _____

Expenses

(Per academic year)

Tuition & Fees _____
Room/Board _____
Books/Supplies _____
Personal _____
Other _____

Total _____

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: current loan(s), amount(s) and when due.)

Completed applications and supportive documentation must be postmarked by May 1 preceding the academic scholarship year.

Committee Use Only:

Transcripts	Acceptance	Rating
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