



2022 Healthcare Hero Award

The South Central IL Area Health Education Center (AHEC) is accepting applications for four \$500 College Healthcare Hero awards for upcoming or current college students residing in the following counties: *Union, Jackson, Franklin, Perry, Randolph, Monroe, St. Clair, Washington, Jefferson, Marion, Clinton, Jersey, Madison, Bond, Fayette, Effingham.*

The South Central IL AHEC's mission is to improve healthcare for the underserved by increasing access to learning and professional development opportunities for health professionals, promoting health career development to students, and enhancing collaborative, community-based health promotion activities.

- Applicants must be enrolled at any Illinois College
- Applicants must be planning to enroll full-time in a health science program at any Illinois College for the 2022 Fall Semester, and intend to practice in a rural or underserved setting upon completion of the program.
- Priority will be given to applicants who have participated in any South Central IL AHEC activity, or applicants who commit to participating in an AHEC related activity within 6 months of receiving award. Examples of activities include AHEC Scholars program, job shadowing experiences, health career camps, and participation in community education events. For more information on our events visit our Illinois AHEC website at <https://ilahec.uic.edu/> or our Facebook by searching @southcentral.il.AHEC.

Applicants must submit:

- A completed two page **application** (attached)
- A **personal statement** (one page minimum, two page maximum) – Attach a written statement that provides a personal profile of yourself.
 - Include your personal strengths and how they will help you contribute to your chosen profession.
 - Include your professional goals and how will this award help you attain your goals.
 - How your activities (volunteer, work, etc..) have impacted your rural or underserved community.
- **Letter of acceptance or class schedule** from college/program applicant is enrolled in.

Applications will not be considered if all documents are not received by the deadline. For questions regarding this award, please contact Gloria Przygoda at 618-357-8878 or email gprzygoda@pvillehosp.org.

Awards will be sent to the applicant's educational institution to be credited toward his/her tuition, books, or other expenses related to supporting the applicant's education in the 2022/2023 academic year. Awards will be chosen by a scholarship selection committee via a scoring system.

Please submit the required documentation to:

South Central IL AHEC
Gloria Przygoda, Director
5383 State Route 154
Pinckneyville, IL 62274

Or email complete application packet to gprzygoda@pvillehosp.org

Deadline for *receiving* complete application and all required documents (either by mail or email) is 4:00 PM on Friday August 12th, 2022.



2022 Healthcare Hero Award Application

Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ County: _____

Address While Attending School: _____

Cell Phone Number: _____ Email Address: _____

High School Name, Location, Graduation Date:

College you are/ will be attending: _____

Declared Major: _____

Year/ Semester in health career program: _____ Date of anticipated degree graduation: _____

Degrees Already Earned: _____

Honors/Awards received and the year you received them:

Volunteer activities in the past 2 years:

Clubs/ Organizations you currently belong to:

AHEC Activities you have participated in:

If you have not participated in any AHEC Activities, will you commit to participating in one within 6 months of receiving award? (circle) Yes No

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EMPLOYMENT HISTORY:

1. Name of Employer: _____
Address: _____ Phone: _____
Job Title: _____ Hours per week: _____
Hire Date: _____ End Date: _____

2. Name of Employer: _____
Address: _____ Phone: _____
Job Title: _____ Hours per week: _____
Hire Date: _____ End Date: _____

3. Name of Employer: _____
Address: _____ Phone: _____
Job Title: _____ Hours per week: _____
Hire Date: _____ End Date: _____

CONSENT FOR RELEASE OF INFORMATION:

I authorize release of any information that can be of assistance to the Area Health Education Center (AHEC) and selection committee in evaluation of my Healthcare Hero Award application. I waive any confidentiality with respect to such information insofar as AHEC is concerned, since it my understanding that the information will be used solely for the evaluation of my application for the Healthcare Hero Award and for no other purpose. I also consent to have any written communication, beyond this application, but related to the award, published on the AHEC website/Facebook pages and newspaper. I also consent to allow my picture to be published on the website/ Facebook pages and newspaper.

APPLICANT SIGNATURE: _____ **DATE:** _____

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