



## **Egyptian Public & Mental Health Scholarship Application**

The Egyptian Public & Mental Health Department Scholarship is a one-time \$1,000 scholarship, available to a high school senior in Saline, White and Gallatin Counties, on a competitive basis, in recognition of a commitment to health care services.

**Application Filing Deadline: April 18, 2025**

**Completed Applications May be Returned to:**

Juanita Fricks  
1412 US Hwy 45 North  
Eldorado, IL 62930

**OR**

[jfricks@egyptian.org](mailto:jfricks@egyptian.org)

### **ELIGIBILITY REQUIREMENTS**

1. Must be a high school senior in Saline, White, or Gallatin Counties.
2. Must be an entering freshman at a college or university for the 2025-2026 academic year.
3. Must declare Human Service/Health Care Service intent.
4. Must submit 2 letters of recommendation from an adult not related to the applicant, such as a teacher or a community leader.
5. Write a personal essay, not to exceed one page, double-spaced, typed, on future goals in Human Services/Health Care Services.

### **PROCEDURES**

Completed applications must be received by April 18, 2025. The scholarship committee will review applications. Students will be notified by the end of their school year. Selected applicants may be subject to an interview upon the request of the scholarship committee. Students not selected will be notified shortly thereafter.

Application (Type or print)

Name: \_\_\_\_\_  
(First) (Last) (MI)

Complete Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School that you attend: \_\_\_\_\_

Career/Professional Goal: \_\_\_\_\_

College/University you will attend in Fall 2025: \_\_\_\_\_

**Write a personal essay to tell the scholarship committee your intentions in the Human Service/Health Care Field.** In a one page, double-spaced, typed essay, describe how you can contribute to the fields of Human Services and/or Health Care.

**Applicant Signature:**

- I understand that I must declare the intent to enroll in the Fall of 2025 semester in order to receive the scholarship.
- My signature below certifies that I have read and understand all the conditions and requirements of an applicant for the scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date