



## **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 Human/Health Care Services.

**Application Filing Deadline: April 15, 2026**

**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 2026-2027 academic year.
3. Must declare Human/Health Care Services 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. Must write a personal essay, not to exceed one page, double-spaced, typed, on goals in Human/Health Care Services.

### **PROCEDURES**

Completed applications must be received by April 15, 2026. 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 Code: \_\_\_\_\_

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

Current High School: \_\_\_\_\_

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

Which college or university will you be attending starting in the Fall of 2026?

\_\_\_\_\_

Do you have an immediate family member employed with Egyptian Health Department?

Yes  No

If yes, please provide: Employee's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Write a one-page, double-spaced, typed personal essay, addressed to the scholarship committee, outlining your intentions in the fields of Human/Health Care Services. Clearly articulate your career goals, professional aspirations, and commitment to serving others. Additionally, explain how you plan to make a meaningful and positive contribution to the fields of Human/Health Care Services.

**Applicant Signature:**

- I understand that I must declare the intent to enroll in the Fall of 2026 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 Signature

\_\_\_\_\_  
Date

*If you have questions, please contact Juanita Fricks  
by phone at (618) 273-3326 x2124 or email at [jfricks@egyptian.org](mailto:jfricks@egyptian.org)*