

American Rescue Plan Act Scholarship Application

Application timeline
November 1, 2023 - January 2, 2024

Return completed application to IVCC Foundation Office, Room C-202 815 N. Orlando Smith Rd., Oglesby, IL 61348

Last Name



You must complete Section I & II. Please use black or blue ink only, and print or write clearly.

MI

Section I

First Name

Mailing Address			
City/State/Zip			
Email Address			
Contact Phone #	Birth Date (Mo/Day/Yr)		ay/Yr)
Check specific area of stud			
			second 8-week session
			to the IVCC LPN program
	Currently enrolle	d or formally admitted t	to the IVCC RN program
By signing below:			
* I certify the information Foundation Office of any			ge, and agree to notify the IVCC
 The ROE has the authorit application. 	y to revoke scholars	hip awards based on in	accurate information on the
* I authorize the IVCC Four selection process and for			with all persons involved in the

* I authorize the IVCC Financial Aid office and the IVCC Cashier office to provide the IVCC Foundation

* If chosen as a scholarship recipient, I agree to allow IVCC and the ROE to use any excerpt of my

application and any photographs taken of me as a scholarship recipient for promotion.

with information regarding my financial aid eligibility or tuition statements.

Applicant's Signature_____

Date

Section II—Please answer the following questions. Please print or write clearly. 1. Why are you interested in pursuing a career in health care? Describe your future goals or plans after completing the program at IVCC. 2. List current or previous internships, employment experiences or other relevant connections to your specific field. If none, please explain. 3. If applicable, explain any financial concerns or special circumstances you may want the committee to consider.