

The Helen McKelvey Guardian Angel Scholarship

Sponsored By:

Sparta Community Hospital Auxiliary
P.O. Box 297
Sparta, IL 62286

Thank you for applying for the Helen McKelvey Guardian Angel Scholarship. In addition to your application, please include all supporting documentation as listed below:

1. High school grades including first semester of senior year.
2. ACT
3. Financial Statement, Families & Applicant 1040/1040A.
4. Personal essay about self and why you are seeking to become a medical professional.
5. Name, address and telephone number of College/University you will be entering. Also attach a copy of an acceptance letter or class schedule from the school.
6. Other scholarships applied for.

All scholarship award checks will be made directly to the college/university as indicated by the applicant. The check will be given to the applicant to take to the school.

Applications should be mailed before April 30, 2024, to:

Sparta Auxiliary
PO Box 297
Sparta, IL 62286

If you have any questions, please call Kathy McConachie at 618-521-5307.

The Helen McKelvey Guardian Angel Scholarship

I, _____, applicant and _____,
her/his parents or legal guardian do here by agree to the following terms of The Helen
McKelvey Guardian Angel Scholarship.

Any person, accepted into, or currently enrolled in a medical-related health care professional
curriculum is eligible.

I understand that I am to receive a gift in the amount of \$500 to pay for a medical-related
health care professional curriculum at a recognized school.

Upon graduation, priority for employment at Sparta Community Hospital will be given to all
recipients of The Helen McKelvey Guardian Angel Scholarship.

Signature of Applicant

Date

Signature of Parent/Legal Guardian

Date

Address _____

Telephone # _____

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