

**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 # _____

**The Helen McKelvey
Guardian Angel Scholarship
Sponsored by
Sparta Community Hospital Auxiliary
818 E. Broadway, Sparta, IL 62286
(618) 443-2177**

Revised 03/17/22