

Thank you for applying for the **Helen McKelvey Guardian Angel Scholarship** sponsored by the **Sparta Community Hospital Auxiliary**.

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 mailed directly to the college/university of enrollment.

Applications should be mailed before **April 30, 2026**, to:

Sparta Community Hospital Auxiliary
PO Box 297
Sparta, IL 62286

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



Applicant Name: _____
Last Name First Name MI

Address: _____
Street Address City State Zip

Applicant Phone: _____ Applicant Email: _____

Applicant Parent/Legal Guardian: _____
Last Name First Name

School of Enrollment: _____ Program: _____

Address: _____
Street Address City State Zip

School Phone: _____ Student Account Number: _____

Name Person/Department Award Should be Mailed to: _____

I do hereby agree to the following terms of The Helen McKelvey Guardian Angel Scholarship:

- I understand that any person accepted into or currently enrolled in a medical-related health care professional curriculum is eligible.
- I understand that if I am selected, I am to receive an award in the amount of \$500.00 to go towards payment of a medical-related health care professional curriculum at a recognized school.
- I understand that if selected, the award will be mailed directly to my school of enrollment.
- I understand that 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 Applicant Parent/Legal Guardian

Date