

**DR. WILLARD C. SCRIVNER PUBLIC HEALTH FOUNDATION**  
**PUBLIC HEALTH SCHOLARSHIP PROGRAM**  
**GRADUATING HIGH SCHOOL SENIORS**

<https://www.co.st-clair.il.us/departments/health-department/scrivner-foundation>

**OVERVIEW**

Perhaps the single most important avenue to improving the health of individuals and the public as a whole is education. Named in honor of the late Dr. Willard C. Scrivner, the Foundation Board of Directors has established a Scholarship Program for St. Clair County high school graduates. In keeping with Dr. Scrivner's lifelong commitment to promoting public health and education, the Foundation hopes to aid educational endeavors in the health field by offering six (6) \$500 scholarships to graduating high school seniors who have chosen to pursue a health-related field of study.

**GENERAL INFORMATION**

The Dr. Willard C. Scrivner Public Health Foundation Scholarship is open to any graduating high school senior that is a resident of St. Clair County who will be attending an Illinois or Missouri institution or an institution that offers an Illinois, in-state tuition waiver. This includes a junior college or four-year university. Under the guidelines of the program, selection of scholarship recipients will be based upon the judging criteria.

**APPLICATION PROCEDURE**

1. Application packets will be made available in the designated office of each St. Clair County high school. The Application Form should be completed jointly by the applicant, parents and his/her Principal or Counselor.
2. The applicant/parents are to complete Part I, II, and III of the application. The High School Principal or Counselor is to complete Part IV.
3. Completed forms should be forwarded to the Foundation no later than ***4:00 p.m. on April 15, 2022***. The scholarship staff will assign each applicant an "*applicant number*" to ensure impartiality in judging and forward the application to the Scholarship Committee. Winners will be announced by ***April 29, 2022*** and awards will be presented at 6:30 p.m. on ***May 10, 2022 at the St. Clair County Health Department (dependent on Covid-19 restrictions)***.

## SELECTION PROCESS

# PHF HIGH SCHOOL SCHOLARSHIP

Application judging will be conducted in two phases:

### Phase One

Scholarship staff will assign the applicant an "*applicant number*" to ensure impartiality in judging. Applications will be reviewed to ensure legibility and completeness. Those applications meeting the eligibility requirements will be forwarded to the Scholarship Committee.

### Phase Two

The Scholarship Committee will review the applications screened in Phase One. A determination of the finalists for the Foundation Scholarship will be made based upon the Judging Criteria. The Committee will present the finalists and recommendations for scholarship awards to the Foundation Board for approval.

### Judging Criteria

- 50 % - **Academic Strength** - ACT, curriculum, GPA, class rank
- 25 % **Financial Need** – Household income, number of persons living in the household, special needs, student work history and extenuating circumstances
- 25% **Service & Leadership** – Volunteer work, leadership, awards, sports, music, arts, letters of recommendation and essay

## SCHOLARSHIP PAYMENT

Scholarship recipients must attend an accredited Illinois or Missouri institution, or an institution that offers an Illinois, in-state tuition waiver. This includes a junior college or four-year university. Under the guidelines of the program, selection of scholarship recipients will be based upon the judging criteria. The scholarship money will be paid directly to the student who is 18 years old. For students under 18, the money will be paid to the student's parents. Monies awarded may be expended for tuition, books and/or other educational expenses. The Scholarship will be a one-time award.

# DR. WILLARD C. SCRIVNER PUBLIC HEALTH FOUNDATION

## SCHOLARSHIP APPLICATION

The Dr. Willard C. Scrivner Public Health Foundation will offer up to six (6) \$500 scholarships to graduating seniors from St. Clair County.

To be considered for a scholarship, the applicant:

- shall be a graduating high school senior who has maintained a "B" average or above;
- shall have demonstrated an active interest in their school activities, which may include interest in local public health;
- shall submit a 500 word original essay on ***The Importance of a Strong Public Health Presence to the Health of a Community;***
- shall include a current high school transcript with at least seven semester grades; please note if honors classes have been taken.
- shall submit a letter of recommendation from one of the scholar's high school teachers, counselor, or principal;
- **shall have selected a field of study in a health profession or an allied health occupation.**

All applications and correspondence on behalf of the applicant should be directed to **Dr. Willard C. Scrivner Public Health Foundation, Attn: Kathryn Weisenstein, 19 Public Square, Suite 150, Belleville, IL, 62220**. Deadline for filing for 2021 scholarships is **4:00 p.m. April 15, 2022**. Winners will be announced on or before **April 29, 2022**. Awards will be presented at **6:30 p.m. on May 10, 2022 (dependent on Covid-19 restrictions)**. The scholarship will be a one-time award for one year. Monies will be awarded directly to the student who is 18 years of age. If the student is under 18, the money will be paid to the parent/guardian.

All information submitted in this application will be confidential. Incomplete applications will not be accepted. If you have any questions, please contact Kathryn at (618) 233-7703 ext. 4402.

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### **PART I.** *(To be completed by applicant)*

*[please print]*

### **APPLICANT INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

ACTIVITIES (SCHOOL AND OUTSIDE; ADDITIONAL PAPER MAY BE USED)

\_\_\_\_\_  
\_\_\_\_\_

WORK ACTIVITIES WHILE IN HIGH SCHOOL

\_\_\_\_\_  
\_\_\_\_\_

PLANNED HEALTH-RELATED FIELD OF STUDY \_\_\_\_\_

UNIVERSITY/COLLEGE PLANNING ON ATTENDING \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

## **PART II. FINANCIAL NEED**

Please indicate the adjusted gross income on your parents' federal income tax return for the past year. \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Describe any financial needs or special circumstances that should be taken into consideration.

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Name of Parent (s) \_\_\_\_\_

Signature of Parent (s) \_\_\_\_\_

*If selected for this scholarship,  
you may be required to submit copies of your parents' federal income tax return  
from the past year to verify the above financial information.*

## **PART III. ORIGINAL ESSAY (to be written by student applicant)**

The Mission of the St. Clair County Health Department is to promote and protect the health of the residents of St. Clair County in partnership with the people we serve. To accomplish this mission, the health department serves as an integral link with the public health system.

Please visit the Scrivner Foundation website at <https://www.co.st-clair.il.us/departments/health-department/scrivner-foundation>

Please describe in 500 words or less, in your own words, ***"The Importance of a Strong Public Health System to the Health of a Community"***. Include a statement about the field of study in the health profession or allied health occupation that you have chosen and a description of how you believe that your area of educational interest will contribute to a strong public health system in the community.

#### **PART IV. ACADEMIC PERFORMANCE**

*(To be completed by High School Principal or Counselor)*

- A. College entrance examination score (ACT )
- B. ACT composite score \_\_\_\_\_
- C. Student's cumulative high school grade point average (GPA) excluding spring semester senior year. \_\_\_\_\_  
Is this based on 4.0 or 5.0 scale? - Please circle
- D. Student class rank \_\_\_\_\_ out of \_\_\_\_\_ students.
- E. Please attach a copy of the student's transcripts
- F. Please attach a letter of recommendation from one of the applicant's Teachers, Counselor, or Principal.

Signature of High School Principal or Counselor \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_