

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

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 three (3) \$1000 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, Illinois who will be attending an accredited institution. 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 1, 2026**. 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 May 1, **2026** and awards will be presented at 6:30 p.m. on **May 12, 2026 at the St. Clair County Health Department**.

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 institution. 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 or older. 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 three (3) \$1000 scholarships to graduating seniors from St. Clair County, Illinois.

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: Kristy Mullins, 19 Public Square, Suite 150, Belleville, IL, 62220.** Deadline for filing for 2026 scholarships is **4:00 p.m. April 1, 2026.** Winners will be announced on or before **May 1, 2026.** Awards will be presented at **6:30 p.m. on May 12, 2026** 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 or older. 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 Kristy at (618) 233-7769 ext. 4459.

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

[please print]

APPLICANT INFORMATION

NAME _____ DATE OF BIRTH ____/____/____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

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.

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, Illinois 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 _____