

THE JOYCE AND THOMAS H. STANISIC MEMORIAL SCHOLARSHIP

Application Deadline: June 1



Dr. Thomas H. Stanisic was the beneficiary of scholarship support throughout his academic years at Cornell University in Ithaca, NY where he graduated in 1965, and Northwestern University Medical School where he was valedictorian of his class in 1969. He served his internship and residency in surgery at the University of Rochester, NY, from 1969 to 1971. He then served his internship in urology at Northwestern University from 1973 to 1977. He was a professor of Surgery/Urology at the University of Arizona from 1977 until 1993. He was a partner with Midwest Urological Group in Peoria until his death in 2006.

The Joyce and Thomas H. Stanisic Memorial Scholarship was established to award scholarships, based on need, to students working toward a degree or certification in the Music or Healthcare fields.

Eligibility

Any individual who permanently resides within a 50-mile radius of Peoria, Illinois (excluding McLean County) who is pursuing a degree or certification in a field that falls within the Music or Healthcare fields. Associate and post bachelor degrees are acceptable. Applicant must have a high school or college grade point of at least 2.5 and has demonstrated a desire to succeed. Any candidate that is related to Dr. Stanisic or to any of his physician partners will be ineligible for the scholarship.

Application Deadline

The application deadline is June 1

Award

The scholarship award amount is determined annually and is expected to be for the entire term of the expected course of study, up to four years. A fifth year will be considered based on special circumstances. Each year the student will need to show that they are in good standing at the school and that they continue to be enrolled in the originally approved course of study.

The scholarship will be paid directly to the school of the recipient's choice upon confirmation that the student has enrolled. The scholarship award may provide funding for all direct expenses related to the course of study, such as tuition, room and board, text books, and fees. Any unused portion of the scholarship will be returned to the Community Foundation of Central Illinois and will not become for the private use of the scholarship recipient. Scholarship awards will be based on financial need.

Application Procedure

All materials must be submitted at the same time to the Community Foundation of Central Illinois prior to the scholarship deadline for consideration:

- Completed Application
- Essay
- Two Letters of Recommendation
- High School/College Transcript
- Official ACT/SAT Score
- Financial Aid Report Provided By Your School

COMMUNITY FOUNDATION OF CENTRAL ILLINOIS

THE JOYCE AND THOMAS H. STANISIC MEMORIAL SCHOLARSHIP

APPLICATION DEADLINE: JUNE 1



Important: To be considered for *The Joyce and Thomas H. Stanisic Memorial Scholarship*, you must meet the following criteria:

- 1) A permanent resident of the Community Foundation of Central Illinois funding area (50-mile radius of Peoria, IL excluding McLean County).
- 2) A student, pursuing a career in the Music or Healthcare fields.
- 3) Must have a high school or college grade point of at least 2.5 and has demonstrated a desire to succeed.

Degree Pursuing: _____ Undergraduate _____ Graduate _____ Certificate/Specialization

Name: _____
Last First Middle Initial

Permanent Address: _____

City, State & Zip: _____

Phone: (Home) _____ (Work) _____

Email address: _____

Educational Institution You Will Attend: _____

Anticipated Date of Enrollment: _____

Have You Received A Previous Degree? _____ Yes _____ No

If yes, please indicate degree and year: _____

Have you applied for financial aid for the upcoming semester? _____ Yes _____ No

If yes, how much are you eligible to receive? \$ _____

If no, please list reason that you did not apply?

What are your anticipated school expenses?

Tuition:	_____	Add'l Expenses:	_____
Books/ Supplies:	_____		_____
Professional Fees:	_____		_____

COMMUNITY FOUNDATION OF CENTRAL ILLINOIS
THE JOYCE AND THOMAS H. STANISIC MEMORIAL SCHOLARSHIP
PAGE 2

How do you anticipate meeting your educational expenses?
Please answer in terms of percentages:

Personal Savings: _____%

Family Resources: _____%

College Financial Aid: _____%

Outside Employment: _____%

Other Scholarships & Amounts

Please Circle
Applied / Received

Applied / Received

Applied / Received

Financial Need

Please describe your financial need for this scholarship in the space provided. Please do not attach additional information.

Extracurricular Activities

Please list any school or community activities in which you have been involved. Please indicate year(s) and any offices held.

If you were unable to participate in outside activities due to other commitments and would like to provide further explanation to the committee, please explain in the space provided. Please do not attach additional information.

Honors/Awards

Academic Information

Please forward the following with the scholarship application materials:

- 1) An official copy of your latest high school transcript in a sealed envelope
- 2) Official ACT/SAT Score
- 3) If applicable, an official college transcript in a sealed envelope.

Personal Statement (Optional)

Any additional information that you would like the committee to consider as they evaluate your application, including personal, academic, or financial challenges may be provided in the space below. Please do not attach additional information.

Essay

Applicants are required to include an essay up to 750 words that addresses the following:

- Why are you in need of the scholarship?
- What is your planned course of study and why?
- What will you do with this educational opportunity?

Letters of Recommendation

Applicants are required to submit two recommendations:

- 1) From a school educator
- 2) Any employer, supervisor, or counselor

Recommendation forms should be in a sealed envelope with the recommender's signature on the seal and should be submitted with the scholarship application materials.

I certify that all information is true and complete to the best of my knowledge.

I have truthfully answered all questions on this scholarship application to the best of my ability.

Signature

Date

COMMUNITY FOUNDATION OF CENTRAL ILLINOIS
THE JOYCE AND THOMAS H. STANISIC MEMORIAL SCHOLARSHIP
Letter of Recommendation

Applicant's Name: _____

I authorize this reference, _____, to complete this referral sheet for **The Joyce and Thomas H. Stanisic Memorial Scholarship**. I understand that the referral sheet will be forwarded to the Community Foundation of Central Illinois and will become for their private use. I understand that I will not be permitted to review this reference sheet for any reason. Recommendation forms should be in a sealed envelope with the recommender's signature on the seal and should be submitted with the scholarship application materials.

Applicant Signature: _____

How long have you known applicant? _____

What is your relationship to applicant? _____

Please comment on applicant's primary strengths and ability to reach academic goals.

Please comment on applicant's primary weakness or liabilities.

Additional comments:

I would recommend this individual for **The Joyce and Thomas H. Stanisic Memorial Scholarship**:

[] Highly Recommend [] Recommend [] Do Not Recommend

Your Name: (Type or Print): _____

Title: _____

Business Address: _____

Signature: _____ Date: _____

COMMUNITY FOUNDATION OF CENTRAL ILLINOIS
THE JOYCE AND THOMAS H. STANISIC MEMORIAL SCHOLARSHIP
Letter of Recommendation

Applicant's Name: _____

I authorize this reference, _____, to complete this referral sheet for **The Joyce and Thomas H. Stanisic Memorial Scholarship**. I understand that the referral sheet will be forwarded to the Community Foundation of Central Illinois and will become for their private use. I understand that I will not be permitted to review this reference sheet for any reason. Recommendation forms should be in a sealed envelope with the recommender's signature on the seal and should be submitted with the scholarship application materials.

Applicant Signature: _____

How long have you known applicant? _____

What is your relationship to applicant? _____

Please comment on applicant's primary strengths and ability to reach academic goals.

Please comment on applicant's primary weakness or liabilities.

Additional comments:

I would recommend this individual for **The Joyce and Thomas H. Stanisic Memorial Scholarship**:

[] Highly Recommend [] Recommend [] Do Not Recommend

Your Name: (Type or Print): _____

Title: _____

Business Address: _____

Signature: _____ Date: _____