



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

2026 John S. Teuscher Health Occupation Scholarship Application

Application and all required components must be attached for full consideration and submitted by mail - email applications will not be accepted. Additional pages may be attached if needed, and questions should be directed to: ichcf@aol.com.

**Application should be mailed to: Health and Wellness Foundation of Pike County,
PO Box 81, Pittsfield, IL 62363. Submission Deadline: April 01, 2026**

I. Personal

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ SSN: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Parent(s) Employer: _____

II. Education

Graduating High School: _____

Guidance Counselor: _____ Phone: _____

Cumulative GPA: _____ ACT/SAT: _____ Class Rank: _____

List any awards, honors, or educational certificates earned: _____

Describe extra-curricular or community service activities: _____

Names and Dates of Employment (if any): _____

III. Degree

Name of University/School Accepted/Applied to: _____

Degree Sought: _____

Entrance Date: _____ Completion Date: _____

Admissions Office Address: _____

Name of Financial Aid Officer: _____

Financial Aid Office Address: _____

IV. Applicant Essay

In an original essay 500 word/one-page essay, please state the health profession you are pursuing and describe why you want to go into this profession. Also explain how, as a result of your degree, you expect to positively impact the health, quality of life, and well-being of the community and those you are serving as a result of your profession.

V. Required Attachments

For full consideration of this application the following items must be attached. Letters of Recommendation may be mailed to the Foundation office under separate cover.

- A. A 500-word original essay –as described in Section IV above.
- B. At least two letters of recommendation. One must be from a high school teacher, others may include: a health professional, employer, volunteer coordinator.
- C. A copy of all Official High School Transcripts.

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand completion of this application does not guarantee I will be the recipient of Scholarship funds.

SIGNATURE OF APPLICANT

DATE