



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](mailto: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**