



## Crawford Memorial Foundation Healthcare Scholarship – 2026

Awards: Scholarships

Eligibility: Residents of Crawford County pursuing a healthcare career

CMH employees are not eligible

Application Deadline: February 12, 2026

Submit to: Sheri Stodghill, Crawford Memorial Foundation

1000 North Allen Street, Robinson, IL 62454

Email: [sheri.stodghill@crawfordmh.org](mailto:sheri.stodghill@crawfordmh.org)

Notification Date: March 14, 2026

Scholarship funds are paid directly to the college/university.

### SECTION 1 — PERSONAL & ACADEMIC INFORMATION

Full Name:

Phone:

Email:

Permanent Address:

County of Residence:

High School:

Graduation Year:

College Attending (or Accepted To):

Program/Major:

Degree Type:  Associate  Bachelor  Other:

Current Year (if enrolled):

Do you currently work?

Employer:

Full-Time

Part-Time



## SECTION 2 — ACTIVITIES & COMMUNITY INVOLVEMENT

### Extracurricular Activities

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

### Leadership Roles

- 1.
- 2.
- 3.
- 4.

### Awards or Honors

- 1.
- 2.
- 3.
- 4.

### Community Service

- 1.
- 2.
- 3.
- 4.



## SECTION 3 — REQUIRED ESSAYS

1. Describe a moment or experience that confirmed healthcare is right for you.

2. What will be the biggest challenge in healthcare over the next 10 years?

3. Tell us about a time you helped someone who truly needed support.



## SECTION 4 — REQUIRED ATTACHMENTS

Three (3) references completed and submitted with application.

\*CM Foundation Reference Form is a separate and downloadable form from the Scholarship Application.

## SECTION 5 — SIGNATURE

I certify that the information contained in this application is true and complete.

Signature:

Date: