

## 2026-2027 Pre-Application Welcome

Greetings from Kirby Medical Center and the Kirby Auxiliary,

We will soon be opening the Thomas Dixon Memorial Scholarship application for the 2026-2027 school year. We welcome you to the new academic school year with the opportunity to apply for and receive a scholarship through the generosity of Kirby Medical Center and the Kirby Auxiliary.

The new application will be available online on or around December 22nd. To view and download the application, visit [kirbyhealth.org/scholarship](http://kirbyhealth.org/scholarship). Completed applications along with your personal essay and required documentation should be mailed or hand delivered to Kirby Medical Center, where it will be held in the Kirby Auxiliary mailbox until all applications are received.

The deadline to submit applications is March 20, 2026. The Auxiliary will evaluate the completed applications and make scholarship decisions in the following weeks.

On behalf of the Kirby Auxiliary, we wish you continued success in the 2025-2026 academic year.

For questions and concerns, please reach out to:

Jeff Hayes  
Kirby Auxiliary Scholarship Committee  
217-714-0150

Mail or Deliver Applications To:

Kirby Auxiliary  
1000 Medical Center Dr.  
Monticello, IL 61856

## 2026 Kirby Medical Center Scholarship Program

### Talking Points:

- The application can be found by going to the Kirby Medical Center website, click search, scroll down to and click on "Kirby Auxiliary", scroll down to the Thomas Dixon Memorial Scholarship tab, click it, and you will find the application for 2025-2026.
- It is a new application form. Review with students. Notice that the new application can be filled out on-line, then downloaded and mailed in along with the essay and other documents, to the Kirby Medical Center.
- Review the scoring rubric with students so they understand the importance of each category.
- Review the list of acceptable career paths. Many students may begin on a nursing path and then move into a more specialized area of study.
- Stress that students must receive and include not only an acceptance letter to a college or university, but also an acceptance letter into a healthcare-related school within the college.
- Because the Kirby Medical Center Scholarship covers 3 years, or 6 semesters, some students may choose to attend a junior college for their freshman year and then apply for the scholarship for their sophomore year.
- Students should be encouraged to re-apply for the scholarship next year if not accepted this year. Students may just need to improve on their grade point average at a junior college.
- Stress that students must be serious and motivated to succeed, because if they fall behind in school, they may be forced to pay back some of the scholarship money.
- Explain to students that because we have a limited budget, they should not be discouraged if not accepted this year. Re-apply next year and always look into other scholarship options.
- Our scholarship amount is limited to \$3,000 for first year recipients, and \$5,000 for continuing students. Last year we awarded scholarships to 6 new students.

# KIRBY AUXILIARY<sup>SM</sup>

1000 Medical Center Drive  
Monticello, Illinois 61856

## THOMAS DIXON MEMORIAL SCHOLARSHIP APPLICATION: 2026-2027

**Note:** Please complete and print out your completed application form. Each completed application will be scored using the Thomas Dixon Scholarship scoring rubric. The rubric is attached to this application or you can find it on the Kirby Medical Center scholarship web page. You must mail/drop off the completed application and the following information to the address below by **March 20, 2026**.

### **New applicants:**

- a. Provide two (2) current letters of reference, one personal and one from a teacher, guidance counselor or college advisor, dated within the past twelve (12) months
- b. Official letter of acceptance from an educational institution in an eligible healthcare-related field of study (if not currently enrolled). Attached is a complete list of eligible healthcare-related fields
- c. Official high school or official college transcript
- d. Available aptitude and achievement tests
- e. Brief personal essay

### **Returning applicants:**

- a. A current letter of recommendation from your advisor
- b. A schedule prior to the start of each semester
- c. An official transcript at the end of each academic year

This scholarship, given by the Kirby Auxiliary, is to be applied toward tuition fees, room and board, or books. Scholarships will be given to qualified students in the Kirby Medical Center service area who are pursuing a healthcare-related field of study. Any student currently enrolled in or accepted into a certificate program, training program, or college-level academic study in an eligible healthcare-related field is eligible to apply. Students in a general course of study (i.e. pre-med or other pre-professional program, general education courses, liberal arts, etc.) or in veterinary medicine are NOT eligible to apply. A school attended must be accredited or recognized as a legitimate institution but need not be a school in Illinois.

The recipient must be a full-time student (completing a minimum of twelve (12) credit hours per semester to be considered full-time or as defined by the educational institution) and maintain a cumulative GPA of 3.6 on a 5.0 scale or a 2.6 on a 4.0 scale. The recipient must submit an official transcript at the end of each academic year. A student who is in good standing may reapply annually and may receive the Thomas Dixon Memorial Scholarship for up to, but not to exceed, six (6) semesters at an approved institution.

In the event a recipient changes major, ceases to take classes, or changes schools without prior written approval, the recipient may no longer receive the scholarship and could be expected to return all previous scholarship monies. The recipient should also notify the Scholarship Committee, in writing at the below address, if the recipient falls below twelve (12) credit hours of undergraduate study (or less than full-time status as defined by the educational institution) during any semester or does not meet the GPA requirements for the scholarship. Upon completion of the courses, the recipient is encouraged to apply for employment at Kirby Medical Center but is under no obligation to return as an employee.

Mail or drop off the completed applications in a sealed envelope to: Thomas Dixon Memorial Scholarship Committee  
c/o Kirby Medical Center  
ATTN: Kirby Auxiliary  
1000 Medical Center Drive  
Monticello, Illinois 61856

## THOMAS DIXON MEMORIAL SCHOLARSHIP APPLICATION: 2026-2027

☐ Initial Scholarship

☐ Returning Scholar

### A. PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Current Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Permanent Address: \_\_\_\_\_  
(if different from current)

\_\_\_\_\_  
\_\_\_\_\_

5. Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Widowed

6. Dependents (include name, age, relationship)

### B. EDUCATION & CAREER GOALS

1. What is your occupational goal?

2. Which school will you attend this fall? \_\_\_\_\_

3. What is your expected completion date? \_\_\_\_\_

4. In what course of study will you be enrolled and at what academic level?

5. If you are not now in school, how have you been occupied since leaving school?

C. FINANCIAL INFORMATION (CONFIDENTIAL)

1. What is your best estimate of your financial costs per year including tuition, fees, books, room & board?

\$ \_\_\_\_\_

2. Did your family complete the Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No

If yes, what was your family's estimated contribution toward your education? \$ \_\_\_\_\_

3. Did you complete the Free Application for Federal Student Aid (FAFSA)? Yes ☐ No ☐

If yes, what was your estimated contribution toward your education? \$ \_\_\_\_\_

4. Are you receiving any other financial aid, scholarship, etc.? ☐ Yes ☐ No

If yes, please indicate what you are receiving and dollar value? \$ \_\_\_\_\_

5. If you or your family did not complete the FAFSA, please indicate you or your family's approximate gross income. \$ \_\_\_\_\_

6. Family

a. Father's Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Company Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

b. Mother's Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Company Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

c. Ages of siblings: \_\_\_\_\_

How many in school? \_\_\_\_\_

How many in college? \_\_\_\_\_

7. Spouse's Name (if married): \_\_\_\_\_

Place of employment: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

8. Who is the primary financial contributor to your support?

9. Do you personally contribute to the support of any other person(s)? If yes, please explain.

10. Financial need will be one of the criteria used by the selection committee. Since competition for scholarships may be great, it is to your advantage to clarify the need for financial assistance as completely as you see fit. In the space below, explain your present financial position.

**RETURNING SCHOLARS CAN SKIP SECTIONS D-F AND CONTINUE TO SECTION G**

**D. ACADEMICS & HONORS (*New applicants only*)**

1. List in chronological order all schools attended high school and beyond (with addresses) and degrees earned.

2. List honors, academic or otherwise, received and when:

a. HS Applicants

b. Non-HS Applicants

**E. EXTRACURRICULAR ACTIVITIES** (*New applicants only*)

1. Describe your involvement in **health or science-related fields or activities AND/OR non-health or science related fields or activities**, either for recreation, as a volunteer, or as an employee.

2. List all jobs you currently hold or have held (employer, and type of work) and indicate whether they were full or part-time.

**F. PERSONAL ESSAY** (*New applicants only*)

1. Write a brief personal essay (200 – 500 words) to address the following (and attach to this application):

- a. What are your reasons for wishing to study in the healthcare-related professional field you have chosen?
- b. What particular qualifications do you feel you have for the healthcare-related occupation you have chosen?
- c. When did you decide on this field?
- d. What were some of the factors (circumstances or individuals) that led to your decision?
- e. What opportunities have you had so far to observe the practice of this profession?
- f. What do you know about the training required, job opportunities, earning potential in this field?
- g. Include any additional information you feel is important, or you feel the Scholarship Committee should know.

**G. New applicants:** Have you included the following documents with your application? (Please check off.) If application is incomplete, it will not be considered.

- ☐ Two (2) letters of reference, one personal and one from a teacher or guidance counselor/college advisor, dated within the past twelve (12) months
- ☐ Official letter of acceptance from an educational institution in an eligible healthcare-related field of study (if not currently enrolled),
- ☐ Official high school or official college transcript,
- ☐ Available aptitude and achievement tests, and
- ☐ Personal essay

**Returning applicants:** Must include a letter of reference from your advisor. An official transcript will need to be sent at the end of the academic year and a schedule prior to the start of each semester.

**H. Please review and sign the following Statement of Applicant:**

If I am awarded a scholarship, it is my intention to complete the educational program contained in this application and to serve as a member of the profession for which I am preparing. I agree to inform the Scholarship Committee immediately if I change my major, cease to take classes, change schools, fall below twelve (12) credit hours of under-graduate study (or less than full-time status as defined by the educational institution), or fail to maintain a cumulative GPA of 3.6 on a 5.0 scale or a 2.6 on a 4.0 scale, and understand I may be responsible for returning all scholarship monies received. I also understand that an official transcript must be submitted at the end of each academic year.

I understand that future scholarship monies are contingent upon funds received by The Kirby Auxiliary and may vary from one semester to another. I understand and agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Scholarship Committee.

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Signature of Applicant

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Date

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Signature of Parent/Guardian if applicant is a minor



# **Alphabetical Medical Career Listing**

Updated 1/25 by Kirby Auxiliary Thomas Dixon Scholarship Committee

*Due to changes in the healthcare system, this list is fluid and can be altered at the committee's discretion.*

Allopathic Physician	Medical Laboratory Technician
Athletic Trainer	Monitor Surveillance Technician
Biomedical Engineer	Nuclear Medicine Technologist
Biomedical Equipment Technician	Nurse (Practical)
Chiropractor	Nurse (Registered)
Clinical Laboratory Technician	Nurse Anesthetist
Clinical Nurse Specialist	Nurse Midwife
Clinical Technologist	Nurse Practitioner
Coding Specialist, RHIT or RHIA	Nursing Assistant/Aide
Counselor	Nursing Home Administrator
Cytotechnologist	Occupational Therapist
Dental Assistant	Occupational Therapy Assistant/Aide
Dental Hygienist	Operating Room Technician
Dental Laboratory Technician	Ophthalmic Technician
Dentist	Ophthalmologist
Dialysis Technician	Optical Laboratory Technician
Dietetic Technician	Optician
Dietitian	Optometrist
Electrocardiograph Technician	Optometry Technician/Assistant
Electroneurodiagnostic Technologist	Orthotist
Emergency Medical Technician	Osteopathic Physician
Environmental Health Specialist	Patient Representative
Epidemiologist	Perfusionist
Genetic Counselor	Pharmacist
Health Educator	Pharmacy Technician
Health Information Specialist	Physical Therapist
Healthcare Administrator	Physical Therapy Assistant
Histologic Technician	Physician, Allopathic
Histologist	Physician, Osteopathic
Hospital Administrator	Physician Assistant
Home Health Aide	Podiatrist
Industrial Hygienist	Practical Nurse
Kinesiology	Prosthetist
Licensed Practical Nurse	Psychiatric Aide/Technician
Medical Assistant	Psychiatrist
Medical Illustrator	Psychologist

*Continued Alphabetical Medical Career Listing*

Public Health  
Radiation Therapy Technologists  
Radiation Therapist  
Radiographer  
Radiologic Technologist  
Recreation Therapist  
Respiratory Therapist  
Respiratory Therapy Assistant  
Registered Nurse  
Research Scientist  
Sanitarian  
Social Worker  
Sonographer  
Speech Language Pathologist  
Surgical Technologist  
Ultrasound Technologist  
X-Ray Technician

# KIRBYAUXILIARY

Student: \_\_\_\_\_

Total Points: \_\_\_\_\_/52 points total

## Rubric: Thomas Dixon Memorial Scholarship Scholarship Application Evaluation Rubric (2026-2027)

Comments:

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Kirby Auxiliary Thomas Dixon Memorial Scholarship				
New Applicants				
A	Level I (N/A) (0 points)	Level II (N/A) (1 point)	Level III (N/A) (2 points)	Section Total
<b>Personal Information</b> Name, DOB, email, address, phone, marital status, dependents	<b>Level I</b> * Personal information is incomplete and/or difficult to read. *No obvious connection to KMC service area.	<b>Level II</b> * Personal information is mostly complete and is mostly legible. *Some connection to KMC service area.	<b>Level III</b> * Personal information is complete and legible. *Definite connection to KMC service area.	<b>Section Total</b>
B	Level I (N/A) (0 points)	Level II (N/A) (1-3 points)	Level III (N/A) (4-6 points)	Section Total
<b>Education &amp; Career Goals</b> Occupational goals Univ/college/school Graduation date Course of study Change of interest	<b>Level I</b> * No letter of acceptance included.	<b>Level II</b> * Acceptance letter and/or transcript included.  * Clearly indicates intent to pursue a post-secondary education in a medical field by indicating chosen school, graduation date, & course of study.	<b>Level III</b> * Acceptance letter and/or transcript indicates course of study in an eligible medical field of study.  * Clearly indicates intent to pursue a post-secondary education in a medical field by indicating chosen school, graduation date, & course of study.	<b>Section Total</b>

C	Level I (N/A) (0 points)	Level II (N/A) (1-3 points)	Level III (N/A) (4-6 points)	Section Total
<b>Academics, Professional &amp; Community Honors</b> All schools attended & degrees earned. Honors both academic, prof & comm	<b>Level I</b> * Lists no evidence of honors related to academics, professional or community.	<b>Level II</b> * Lists 1-2 honors received related to academics, professional or community.	<b>Level III</b> * Lists 3 or more honors received related to academics, professional or community.	<b>Section Total</b>
D	Level I (N/A) (0 points)	Level II (N/A) (1-3 points)	Level III (N/A) (4-6 points)	Section Total
<b>Extra-Curricular Activities &amp; Employment</b> Health or science related. Jobs held including wages, employer, type of work, full or part-time. Recreation, community & volunteer activities, related or not	<b>Level I</b> * Lists no evidence of involvement in a health or science related field as a volunteer or employee. *Lists no activity in any type of recreation, comm or vol activities. * Lists no evidence of current or previous employment.	<b>Level II</b> * Lists involvement in 1-2 health or science-related fields or activities as a volunteer or employee. *Lists 1-2 examples of recreation, community, or volunteer activities. * Lists 1-2 examples of current or previous employment.	<b>Level III</b> *Lists involvement in 3 or more health or science-related fields or activities as a volunteer or employee. *Lists 3 or more examples of recreation, comm, vol activities. * Lists 3 or more examples of curr or prev employment.	<b>Section Total</b>
E	Level I (N/A) (0-2 points)	Level II (N/A) (3-5 points)	Level III (N/A) (6-8 points)	Section Total
<b>Financial Information</b> Indicates estimate of costs per year. FAFSA family estimate. OR Family's est. gross income. Family/Spousal info Primary financial contributor. Other financial obligations? Need for financial assistance statement.	<b>Level I</b> * Is not compelling regarding his/her need for the scholarship.	<b>Level II</b> * Is compelling about the need for the scholarship.	<b>Level III</b> * Is extremely compelling. The application stands out above other candidates.	<b>Section Total 8</b>
<b>Personal Essay</b> Reasons for field of study. Qualifications for chosen occupation. When did you decide? Factors leading to decision. Opp to observe in this field. Knowledge of training req, job opp, & salary expectations.	<b>Level I</b> * Few essay questions are answered. * Writing is scattered. * Essay organization does not make sense. * Essay contains many grammatical and spelling errors.	<b>Level II</b> * Some essay questions are answered. * Writer supports his/her answers. * Essay organization makes sense. * Essay contains some grammatical or spelling errors.	<b>Level III</b> * All essay questions are answered clearly with supporting details. * Essay is compelling and engaging. * Essay organization flows very well. * Essay contains no grammatical or spelling errors.	<b>Section Total 8</b>
<b>Letters of Reference (2)</b> Personal Teacher or guidance counselor	<b>Level I</b> * Provides few positive observations about the applicant and his/her academic ability. * Letters are dated over a year ago.	<b>Level II</b> * Provides some positive observations about the applicant and their academic ability but does not identify specific examples of accomplishments.	<b>Level III</b> * Clearly indicates positive and enthusiastic observations regarding the applicant and his/her ability and provides examples	<b>Section Total 8</b>
<b>Official Transcript</b> High School or college	<b>Level I</b> * Transcript indicates mostly C's and D's without reasonable explanation.	<b>Level II</b> * Transcript indicates mostly B's and C's.	<b>Level III</b> * Transcript indicates mostly A's and B's.	<b>Section Total 8</b>