



Applicants should mail or email the completed application and supporting documents to:

Scholarships - Illinois Medical District Commission, 2100 W Harrison Street, Chicago, IL 60612 or
scholarships@medicaldistrict.org

Personal Information (all fields required)

First & Middle Name _____

Last Name _____

Grade _____

Mailing Address _____

City/State/Zip _____

Phone number where you can be reached _____

Email _____

Optional Questions - Any information provided will be used solely for demographic data collection.

Gender (Optional) Male Female Prefer not to say _____

Race/Ethnicity (Optional) _____

Student Status

High School

Institution phone number _____

Student Status Freshman Sophomore Junior Senior _____

Grade Point Average (GPA) _____

College

Address _____

City/State/Zip _____

Phone number to reach this institution _____

Major _____

Student Status Freshman Sophomore Junior Senior _____

Graduate Program

Address _____

City/State/Zip _____

Institution phone number _____

Major _____

Student Status 1st Year 2nd Year Other: _____



Essay Questions (500 – 750 words in total)

Please attach responses to the following prompts:

1. How do your personal values or beliefs guide you in your daily life, and how have they influenced your goals for the future?
2. Explain how this scholarship will benefit you in the pursuit of your degree and support your future goals.
3. What do you wish to accomplish in the next 10 years, and how do you hope to positively impact your community?

Please note: If you use an AI tool like ChatGPT in your assignments, you must:

- Acknowledge its use in your work.
- Cite it appropriately according to the required style guide (e.g., APA, MLA, or Chicago).
- Include a brief note explaining how the tool was used (e.g., brainstorming, drafting, or editing).

Community Recommendations

- Attach **three letters of recommendation** from a church, community organization, school or workplace.

Scholarship Usage Summary (Post-Award Requirement)

If awarded the scholarship, recipients will be required to submit a brief summary (no more than 250 words) outlining how the scholarship funds were used and how it contributed to their educational progress.

- Submission Deadline: **End of the Academic Year**
- Format: Brief email submission to scholarships@medicaldistrict.org

Certification

I certify that the information provided on this application is complete and correct to the best of my knowledge. I further certify that if I am chosen as a scholarship recipient, I will use the funds only for expenses related to my education in an institution of higher learning.

Print Name _____

Signature _____

Date _____



Submission Instructions

- Applicants should make a copy of this application and all required materials for their records.
- Mail or email the completed application and supporting documents to:

Scholarships

Illinois Medical District Commission
2100 W Harrison Street
Chicago, IL 60612

scholarships@medicaldistrict.org

Checklist for Submission:

- Demonstrate a minimum GPA of 2.5 on a 4.0 scale
- Completed Application Form including requirement to live in one of 22 zip codes
- Offer Letter or Proof of enrollment
- Three (3) Letters of Recommendation
- Copy of GPA/Transcript Verification
- Essay Responses (3 Prompts) 500 – 750 words total

Please retain a copy of your submission for yourself as **these will not be returned to the student** and will become the property of the IMDC. Individuals not awarded will NOT be notified.

Thank you for applying for the IMDC Scholarship. We wish you the best of luck in your academic pursuits!