



Application Instructions Dr. Jean M. Modert Scholarship

Purpose

The Dr. Jean M. Modert Scholarship was created to encourage excellence and financial support to current SSM Health Southern Illinois employees, and to current students, seeking a degree in a healthcare field or additional certification / credentialing, especially those pursuing careers in nursing and other allied health care professionals. Scholarship amounts may vary with a minimum allocation of \$1,000 per year.

Who is Eligible?

- **SSM Health Southern Illinois Employees** (full time or part-time benefit eligible) in good standing *and* employed with SSM Health for a minimum of 12 months at the time of application.
 - Seeking to develop and/or expand their technical or professional skills in an area identified as a workforce need at SSM Health in Southern Illinois.
 - Show proof of enrollment / acceptance in an independently established course, professional accreditation, or continuing education program.
 - Maintain a minimum 3.0 GPA or above (on 4.0 GPA Scale).
 - Submit a letter detailing the need and benefits of the education or training.
 - *Complete and submit all required application information to the SSM Health Foundation – Southern Illinois office by **April 10, 2026, at 4:30 pm (CST)**.*
- **Students** The following students are welcome to apply. Students who are currently enrolled and have completed at least half of their required coursework as a college student majoring in a health care program; vocational student seeking an associate degree in a health care field, or a student seeking a post-graduate degree in a health care field.
 - Must have permanent residence in Franklin, Hamilton, Jefferson, Marion, Perry, Washington, or Wayne counties for at least 1 year prior to the application date **OR** be a dependent of an SSM Health Illinois employee.
 - Show proof of having completed at least one-half of an established curriculum or degree program.
 - Show proof of enrollment in an accredited technology center, community college or college / university, and show evidence of acceptance to an academic program of study in a health care field.
 - Maintain a minimum of 3.0 GPA or above (On a 4.0 GPA Scale).
 - *Complete and submit all required application information to the SSM Health Foundation – Southern Illinois office by **April 10, 2026, at 4:30 pm (CST)**.*

How Are Recipients Chosen? A selection committee comprised of SSM Health Foundation – Southern Illinois board trustees and administrative staff reviews and selects the recipient(s). All applicant(s) will receive a letter of acceptance or denial in mid-June.

Complete Application Packets will include:

- ✓ Scholarship application – all sections completed.
- ✓ Transcripts – from schools attended.
- ✓ Official verification of acceptance into a health professional academic program or official verification of current enrollment in good standing.
- ✓ Completion of a personal statement explaining financial need, career goals and benefits of education being pursued.
- ✓ At least one letter of reference (please see details on application)

All information is confidential and for programmatic purposes only.

SSM Health Foundation – Southern Illinois

Dr. Jean M. Modert Scholarship Application

Revised 02/2026

Dr. Jean M. Modert 2026 Scholarship Application

Application Deadline - Packet must be received by April 10, 2026 at 4:30 pm CST
Applicants can email all application materials to GS_ILfoundation@ssmhealth.com or mail them to:
 SSM Health Foundation – Southern Illinois
 1 Good Samaritan Way
 Mt. Vernon, IL 62864

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Address:		Telephone ()	
City:	State:	Zip:	County:
E-mail:		SSN#:	
Are you eligible to work in Illinois two years following completion of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a dependent of an SSM Health Illinois Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Name: _____		Department: _____	
EDUCATION			
Circle the highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4			
High School Attended (Location): _____ Graduation Date _____			
PROGRAM TYPE AND COURSE			
Indicate type and name of the course/program in which you are currently enrolled .			
<input type="checkbox"/> Program / Area of Study _____			
<input type="checkbox"/> Professional Accreditation _____			
<input type="checkbox"/> Continuing Education _____			
<input type="checkbox"/> Other Licensed or Registered Profession _____			
Provide a brief description of the course or program: 			
Name of Program/School/College/Institute:			Address:
Contact Person:		Title of Contact Person:	Telephone: ()
Program Start Date:	Program End Date:	Total cost of program/course:	
How Did You Learn About This Scholarship:			

EMPLOYMENT

Are you presently employed by SSM Health? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	If yes, do you plan to remain with SSM Health after completing your coursework / program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are currently employed elsewhere, please include name and address of employer:	How long have you been employed?	Job title / Role:	
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Department/Unit:	Phone / Ext:	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Work Supervisor or Director:	Phone / Ext:	

SSM Health Employee Applicants:

1. **Include a personal statement describing your commitment to SSM Health.** Include information about your financial need and benefits of the education. Not to exceed one single-spaced typewritten page.
2. **Provide a list your extracurricular, community, volunteer, or health care activities.**
3. **Include at least one letter of reference from an SSM Health supervisor or director.**
4. **Transcript(s) and proof of enrollment / letter of acceptance must be included.**

Non-SSM Health Applicants:

1. **Include a personal statement describing your commitment to providing healthcare in Southern Illinois.** Include information about your financial need, future goals, and benefits of the education. Not to exceed one single-spaced typewritten page.
2. **Provide a list your extracurricular, community, volunteer, or health care activities.**
3. **Include at least one letter of reference from an employer, teacher / instructor, coach, church leader, community member (non-family), etc.**
4. **Transcript(s) and proof of enrollment / letter of acceptance must be included.**

Only completed applications will be evaluated and considered.
If you have questions or need additional information, please email:
GS_ILfoundation@ssmhealth.com or call 618-899-1047

I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge, and that all funds will be used for educational-related expenses. I hereby authorize the release of personal, scholastic, and financial information related to my educational status from any academic institution I have attended in the past, am currently enrolled or may be enrolled as a student in the future, to the SSM Health Foundation – Southern Illinois.

Signature of Applicant:	Date:
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