



CHI Saint Joseph Health Foundations

1451 Harrodsburg Road, Suite D308
Lexington, KY 40504

SupportCHISaintJosephHealth.org

Dear student,

Thank you for your interest in our CHI Saint Joseph Health Foundations academic scholarships offerings for 2025. Saint Joseph Health is committed to providing the best quality health care to its patients and the communities we serve. To support this commitment, our community hospital foundations extend academic scholarships to eligible candidates pursuing a career in health care related programs.

Associate, bachelor and advanced degree candidates are welcome to apply to a scholarship program. All applications and supporting materials are due by April 11, 2025.

Please complete the attached application and submit by email, along with the following documents, to Jennifer Douglas at Jennifer.Douglas900@CommonSpirit.org:

- 500 word essay describing how a scholarship will help you personally, professionally and financially; along with how you will use your education to support the mission of CHI Saint Joseph Health in the long-term
- A current resume
- Professional, volunteer or educational activities/accomplishments that support your application
- Your current or impending status with a college or university, the program of study you are pursuing, acceptance date or application status, and anticipated graduation date
- Two typed recommendation letters from your school, employer or other personal references

Scholarship funding is made possible through the generosity of past and current employees as well as numerous donors that support crucial growth opportunities for advanced and other educational degree programs. We look forward to reviewing your application and supporting future health care workers throughout their academic journey.

Sincerely,

Delaine Thiel, CFRE
Vice President of Philanthropy
CHI Saint Joseph Health

Application Instructions

Please fill out the application below and forward along with the requested documents to Jennifer.Douglas900@CommonSpirit.org.

Personal Information

Full Name:	
Street Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email Address:	

Academic Information

Note: Please use address where payments will be made

Name of School or University:	
Student ID # (if applicable):	
Street Address:	
Phone Number of School:	
School or Program of Study:	
Anticipated Degree:	
Anticipated Graduation Date:	
Please list the scholarship you are applying for:	
Please list your professional, volunteer or education activities/accomplishments that support your application (may be attached separately):	