



## OLNEY CENTRAL COLLEGE FOUNDATION E. KENTON PEAK MEMORIAL SCHOLARSHIP 2023-2024 | DUE MARCH 3, 2023

### GUIDELINES

- Applicant should be in Freshman or Sophomore year of Healthcare related program
- Must maintain at least a 2.5 GPA while enrolled at an IECC campus
- Must take an active role in emergency preparedness or healthcare programs through OCC or FCC
- Must intend to serve as an EMT or Healthcare provider upon graduation
- Recipient will be selected by Mr. Peak's family and members of Emergency Preparedness and Financial Aid staff
- Applicant is required to submit the 2023-2024 Free Application for Federal Student Aid by March 3, 2023 to determine financial need

### PLEASE FORWARD APPLICATION TO:

**Olney Central College**  
**Financial Aid Office**  
305 North West Street  
Olney, Illinois 62450

OR

**Frontier Community College**  
**Financial Aid Office**  
2 Frontier Drive  
Fairfield, IL 62837

### OVERVIEW

The purpose of this scholarship is to provide financial assistance to Olney Central College and Frontier Community College students pursuing Medical and Healthcare programs to honor the dedication and service of E. Kenton Peak. Upon his retirement from IECC, Mr. Peak worked as an EMT for Richland Memorial Hospital. This scholarship will cover tuition, books, fees, and other program expenses with preference given to students enrolled in the Paramedicine program, Paramedic certificate, and Emergency Medical Responder certificate.

### APPLICANT INFORMATION

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Have you filed the 2023-2024 FAFSA? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATIONAL BACKGROUND

High School \_\_\_\_\_ Grad date \_\_\_\_\_

Intended Major/Area of Interest \_\_\_\_\_

College \_\_\_\_\_ Expected Grad date \_\_\_\_\_

### APPLICATION REQUIREMENTS

- ✓ Completed Application
- ✓ Personal Statement of Educational and Career Goals
- ✓ 2023-2024 FAFSA on file
- ✓ High School Transcript/GED on file

I certify that all information is correct and that if awarded a scholarship, Olney Central College is hereby granted permission to release this information for publication for a period of one semester from the date stated below. I authorize Olney Central College to provide information pertaining to my enrollment status, hours enrolled, grades, financial assistance, tuition, and fees to the Olney Central College Foundation.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Award monies are disbursed per semester to the OCC Business Office. Outstanding tuition and fees will be deducted from the award amount, and a refund check will be issued to the recipients if applicable.

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