

## THE OCF – MARY ALBERT O’NEILL SCHOLARSHIP

### In Memory of James William Albert

*This scholarship was established in memory of Mary Albert O’Neill as a way to continue her legacy of helping others. This scholarship intends to assist an individual employed at a long-term care facility in Fayette County, Illinois who is or is pursuing a higher education degree or certification in the field of nursing.*

The following criteria are established for this award:

- Applicants who are currently employed at a long-term care facility in Fayette County, Illinois will be given first priority.
- Should no applicant arise from a long-term care facility, the committee will consider a resident of Fayette County who is pursuing a nursing degree.
- For the loan to be forgiven, an applicant will be required to work at a long-term care facility for four years during the duration of the scholarship or continue employment after the completion of their education so long as employment is equal to or more than four years.

The following agreement will be made to the awarded recipient:

- One scholarship will be given as an educational loan. Each year, ¼ or 25% of the loan shall be forgiven with no interest bearing on the loan. After the fourth year, the loan shall be forgiven in its entirety. The award may be used for tuition, fees, books (including eBooks and access codes), miscellaneous charges due to the college, and course-related supplies purchased through the college bookstore. No interest will be charged on the loan.
- The awarded recipient will sign a loan note in the amount of their award of cost of tuition with The FNB Community Bank’s Trust Department. The awarded recipient will submit a tuition bill to The FNB Community Bank’s Trust Department.
- The department will submit payment to the college for the amount of the tuition in a reasonable time once a tuition bill has been received.
- The recipient will submit a class schedule reflecting their name and student identification number.
- The awarded recipient will submit a copy of their filed tax return (page only) that reflects their address in Fayette County, Illinois at least annually during the duration of

their 4-year educational loan period if they were awarded the scholarship with the basis of being a Fayette County Resident.

- The awarded recipient will submit a copy of their current driver's license that reflects their address in Fayette County, Illinois at least annually during the duration of their 4-year educational loan period if they were awarded the scholarship with the basis of being a Fayette County Resident.
- Upon completion of a school semester or school term, the awarded recipient will submit their grades in the form of an official or unofficial transcript.
- The awarded recipient will submit one of the following to prove their employment at a long-term care facility in Fayette County, Illinois at least quarterly in the year or in January, April, July, and September for four years during their educational loan forgiveness period.
  - A paycheck stub reflecting the recipient's name and place of employment.
  - A letter from the place of employment's human resources department reflecting they are employed and work within the long-term care facility.
- Should the awarded recipient no longer be employed during their educational loan forgiveness period at a long-term care facility in Fayette County, Illinois, the student will no longer receive tuition coverage and the student will be required to repay the loan.
  - The loan forgiveness schedule is as follows:
    1. After one year of employment 25% of the loan will be forgiven.
    2. After two years, an additional 25% of the loan will be forgiven.
    3. After three years an additional 25% of the loan will be forgiven.
    4. After four years of employment, the loan will have been forgiven.
- The loan forgiveness period will begin once the recipient is employed at the long-term care facility.
- Should the recipient not return payment for their loan, the recipient will be turned over to the collections attorney.
- The number of scholarship recipients will be determined by the Old Capital Foundation Board of Directors.

**THE OCF – MARY ALBERT O’NEILL SCHOLARSHIP APPLICATION**  
**In Memory of James William Albert**

**APPLICATION DUE APRIL 1<sup>ST</sup>**

Date of application \_\_\_\_\_

1. Applicant’s Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

2. Place of employment (Long-term Care Facility in Fayette County, Illinois)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

3. Human Resources Representative Contact Information

Name \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

4. Name of College you plan to attend

\_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

5. Nursing career goal(s) \_\_\_\_\_

6. List any employment or academic honors, awards, and activities or N/A

---

---

7. List any community involvement activities \_\_\_\_\_

---

---

---

---

8. Please attach a typed 250-word essay on the following topic:

**WHAT ARE YOUR FUTURE GOALS AND ASPIRATIONS IN YOUR NURSING CAREER?**

9. I certify that to my knowledge all information given is true and correct:

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Date

- All essays must be typewritten.

Scholarship Deadline is April 1<sup>st</sup>

Completed applications & questions about this scholarship can be directed to  
The Old Capitol Foundation in the care of:

The FNB Community Bank, Trust Department  
311 Banker Blvd, Vandalia, IL 62471  
(618) 283-5224  
[trust@thefnb.com](mailto:trust@thefnb.com)  
[www.thefnb.com](http://www.thefnb.com)