



a Committee of Blessing Health System

January 20, 2026

Blessing Health System's Hannibal Community Health Services Committee is proud to once again offer a \$1,000 scholarship!

To be considered for this competitive scholarship, the student must:

- have a parent/legal guardian actively employed with the Health System,
- be a graduating senior in high school, and
- plan to pursue higher education in a health care related field after graduation.

We ask that all applications be received by February 13, 2026. The award will be announced by the end of March 2026.

All applications should include:

- A typed essay, written by the student, describing what motivated them to continue their education and their future plans,
- a letter of recommendation from a faculty member at their high school,
- GPA (with documentation), and
- Class Rank (with documentation).

Please forward these applications to:

Hannibal Community Health Services Committee  
Attn: Liz Hoffman, Executive Assistant  
P.O. Box 7005  
Quincy, IL 62301

If you have any questions, please contact Liz Hoffman at x2120 or by email at [liz.hoffman@blessinghealth.org](mailto:liz.hoffman@blessinghealth.org).

Sincerely,

A handwritten signature in cursive script that reads 'Susan M. Meidl'.

Dr. Susan Meidl  
Chair  
Hannibal Community Health Services Committee



## Scholarship Application Form

Blessing Health System's Hannibal Community Health Services Committee, is proud to offer a \$1,000 competitive scholarship for graduating high school seniors of active health system employees who are going into a healthcare related field! We ask that all applications be received by Friday, February 13, 2026. The three award recipients will be announced by the end of March 2026. Please ensure all requested items are turned in by the deadline for applications to be considered.

*Please Print Legibly*

Applicant Name: \_\_\_\_\_

Applicant Contact Information (phone/email): \_\_\_\_\_

Name of Applicant's School: \_\_\_\_\_

Name of School Guidance Counselor: \_\_\_\_\_

Guidance Counselor's Contact Information (phone/email): \_\_\_\_\_

Name of Applicant's Parent/Guardian who is **employed by Blessing Health System**: \_\_\_\_\_

Name of Parent/Guardian's Department: \_\_\_\_\_

Please attach the following:

- ☐ Typed essay, written by the student, describing what motivated them to continue their education and their future plans.
- ☐ A letter of recommendation from a faculty member of your high school
- ☐ GPA (with documentation)
- ☐ Class Rank (with documentation)

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