

Application for Elkhart General Foundation Scholarship

PLEASE PRINT OR TYPE:

1. Date: _____

2. Name: _____
(Last) (First) (M.I.)

3. Address: _____
Number/street City/State Zip code

4. Telephone: (H) _____ (W) _____ (C) _____

5. Email: _____

6. Social security number _____

7. What is your course of study/degree?

8. College you will/do attend?

9. Year and term you will/did enter?

10. When do you expect to graduate (year/month)?

11. Will/do you attend full time or part time?

12. For what health care career are you preparing?

13. Are you presently receiving any financial aid? Yes No
If yes, please list source _____

14. Do you have an education loan at present? Yes No
If yes, please list source _____

15. Are you employed during the school year and/or vacation? Yes No
If yes, Employer(s) _____
Position _____ Number of hours/week _____
List any relatives employed at EGH _____

16. Total amount requested? _____

17. Approximate income sources which will finance the academic year for which you are requesting scholarship assistance:

_____ income during school year _____ grants/scholarships
_____ college fund or savings _____ loans
_____ summer employment _____ other (please describe) _____

18. Would you be able to attend school without this scholarship?

19. List any previous EGH scholarships you may have received.

20. From what high school did you graduate?

_____ City _____ State __ Yr graduated _____

21. Please list all colleges/universities attended and degrees earned if applicable:

22. List extra-curricular activities in which you have participated:

23. Please attach a 350-word essay answering the following questions:

What influenced your choice of a health care profession?
Please describe any future career plans you are considering.

24. Have you read policy HR-74 regarding scholarship expectations? Yes No

I certify that all statements submitted by me in this application are correct and complete.

DATE _____ SIGNATURE _____

If you are a current scholarship recipient and are reapplying you need only submit this application and proof of student in good standing.

New Applicants should be sure to include the following:

- _____ Completed application form
- _____ College transcripts (high school if no college transcripts available)
- _____ Two letters of reference
- _____ Letter of acceptance from college attending/proof of enrollment
- _____ Resume
- _____ Course list
- _____ Course costs
- _____ 350 Word Essay

Please return by APRIL 1st to:

Elkhart General Hospital
ATTN: Dawn Kujawski, Employment Representative
Human Resource Department
600 East Blvd
Elkhart, IN 46514
574.523.3204