



Application for Elkhart General Healthcare System 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) _____
Email: _____
5. Social security number _____ - _____ - _____
6. What is your course of study/degree?
7. College you will/do attend?
8. Year and term you will/did enter?
9. When do you expect to graduate (year/month)?
10. Will/do you attend full time or part time?
11. For what health care career are you preparing?
12. Are you presently receiving any financial aid? Yes No
If yes, please list source _____
13. Do you have an education loan at present? Yes No
If yes, please list source _____
14. Are you employed during the school year and/or vacation? Yes No
If yes, Employer(s) _____
Number of hours/week _____
Are you an employee of Elkhart General Healthcare System or any of the Physician Practices?
Yes No Any relative employed at EGH? Yes _____ No
15. Total amount requested? _____
16. Approximate income sources which will finance the academic year for which you are requesting scholarship assistance:
_____ income during school year
_____ college fund or savings
_____ summer employment
_____ parent/guardian
_____ grants/scholarships _____ loans
_____ other (please state): _____
17. Would you be able to attend school without this scholarship?
18. List any previous EGH scholarships you may have received.
19. From what high school did you graduate?
City _____ State ____ Yr graduated _____
20. Please list all colleges/universities attended and degrees earned if applicable:
21. List extra-curricular activities in which you have participated:

22. Have you read a policy description regarding scholarship expectations?

Yes No

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

What influenced your choice of a health care profession?

Please describe any future career plans you are considering.

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

DATE _____ SIGNATURE _____

PLEASE BE SURE TO INCLUDE FOLLOWING:

_____ COMPLETED APPLICATION FORM

_____ COLLEGE TRANSCRIPTS

_____ HIGH SCHOOL TRANSCRIPTS (IF NO COLLEGE AVAILABLE)

_____ A COMPLETED LETTER OF REFERENCE (TWO IF POSSIBLE)

_____ LETTER OF ACCEPTANCE FROM COLLEGE ATTENDING

_____ RESUME

_____ COURSE LIST

_____ COURSE COSTS

_____ 350 WORD ESSAY

Please return by APRIL 1st to:

Elkhart General Healthcare System

ATTN: Heidi Pollard BSN, RN

Human Resource Department

600 East Blvd

Elkhart, IN 46514

574.389.4874