

**Advocate Good Samaritan Hospital
Medical Staff Scholarship Application**

PERSONAL INFORMATION

Name: _____ Age: _____
Soc. Sec. #: _____ Date of Birth: _____
Address: _____
City: _____ Phone: _____

FAMILY INFORMATION

Father's Occupation: _____
Mother's Occupation: _____
Brothers (Number & Ages): _____
Sisters (Number & Ages): _____
Number of children presently in college: _____

EDUCATION PROFILE

High School attended: _____
Present Cumulative Grade Point Average: _____
Other Scholarships Applied For and Dollar Amount: _____

Where do you plan to pursue further education or training? _____

What major field/position are you planning to pursue? _____

List activities, community involvement, leadership experience, honors, or special circumstances that you would like the committee to consider:

On a separate page, state in your own words the reason why you feel that you should be a recipient of this scholarship.

Date: _____ Signature: _____

All information will remain confidential