

GOOD SHEPHERD HOSPITAL AUXILIARY
APPLICATION FOR SCHOLARSHIP

PLEASE PRINT OR TYPE

SECTION I

Full Name _____ Social Security No. _____

Address _____ City, State & Zip _____

Date of Birth _____ Home Phone _____ Cell Phone _____

Education Completed to Date: _____ Dates Attended _____ Degree Received _____

High School _____

College _____

Other _____

Institution you will be Attending _____

Location _____

Have you been accepted by this institution Yes ___ No ___ If YES, please enclose verification of acceptance (in a Health Care Professional Program)

Course of Study _____ Have you been accepted Yes ___ No ___ If YES, please enclose verification of acceptance (in a Health Care Professional Program)

Length of Program _____ Full time Yes ___ No ___ Part time Yes ___ No ___

Name of Degree Expected _____ Year of Graduation _____

SECTION II

Are You Married? Yes _____ No _____

Dependents (age & relationship) _____

Spouse's name & Occupation _____

SECTION III (Skip if married)

Father's or Guardian's Occupation _____

Mother's Occupation _____

Brothers/Sisters (number & ages) _____

Number of Children in School _____ How many in College _____

PLEASE COMPLETE THE REVERSE SIDE (Page 2) OF THIS APPLICATION

SECTION IV

Family Income: \$25,000 or Less _____ \$25,000 - \$50,000 _____ \$50,000 - \$75,000 _____
\$75,000 - \$100,000 _____ Over \$100,000 _____

Below, list your resources and anticipated expenses for the coming school year:

ANTICIPATED INCOME & ASSISTANCE		EXPENSES (per academic year)	
Parents	\$ _____	Tuition & fees	\$ _____
Personal Savings	_____	Room & Board	_____
Employment	_____	Books & Supplies	_____
Loans	_____	Transportation	_____
Grants, etc.	_____	Personal & Other	_____
TOTAL _____		TOTAL _____	

List scholarships, grants, or tuition reimbursements applied for and amounts granted for next school year:

1 _____ \$ _____ 3 _____ \$ _____
2 _____ \$ _____ 4 _____ \$ _____

List scholarships, grants, or tuition reimbursements currently being applied for next school year but awaiting responses:

1 _____ 3 _____
2 _____ 4 _____

List past scholarships including Auxiliary of Good Shepherd Hospital:

List any renewable grants or scholarships:

PLEASE COMPLETE THE NEXT PAGE (PAGE 3) OF THIS APPLICATION

SECTION V

List employment beginning with the most recent:

Employer's name and address	Position	Time Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

List professional societies or activities, including offices held or honors received (may use additional sheet):

List additional information pertinent to your interest, goals, experience and/or training (may use additional sheet):

List any additional circumstances you would like the Scholarship Committee to consider (may use additional sheet):

SECTION VI

List names, addresses and phone numbers of the people (other than family members) who furnished the three (3) letters of recommendation:

SECTION VII

DESCRIBE IN YOUR OWN WORDS WHY YOU FEEL YOU SHOULD BE A RECIPIENT OF THIS SCHOLARSHIP. USE AN ADDITIONAL SHEET AND PLEASE PRINT OR TYPE.

PLEASE COMPLETE THE REVERSE SIDE (PAGE 4) OF THIS APPLICATION

SECTION VIII

Endorsement and Consent for Release of Information:

I declare that I have completed this application and to the best of my knowledge the information given is complete and correct. I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Auxiliary of Good Shepherd Hospital may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Auxiliary of Good Shepherd Hospital is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.

I understand that I must reside in the hospital service area which includes zip codes 60010, 60012, 60013, 60014, 60021, 60042, 60047, 60050, 60051, 60060, 60067, 60073, 60074, 60084, 60098, 60102, 60110, 60118, 60156, 60192, 60194 and 60195. I understand I must be attending a school within the State of Illinois, and pursue an education in a health-related field.

Signature

This application must be postmarked or hand delivered no later than April 30 to The Volunteer Office at Good Shepherd Hospital. The application should include:

- _____ **Your Essay as to why you feel you should be a recipient of this scholarship**
- _____ **3 letters of recommendation (other than family members)**
- _____ **Letter of acceptance from the institution you will be attending stating your acceptance into a Health Care Professional Program**
- _____ **Official transcript of your most recent grades**

ALL FINALISTS WILL BE INTERVIEWED AT GOOD SHEPHERD HOSPITAL

Return to:

Scholarship Committee
Auxiliary of Good Shepherd Hospital
Good Shepherd Hospital
450 West Highway 22
Barrington, Illinois 60010

