

Application for Partners of St. Joseph's Hospital Scholarship

Partners of St. Joseph's Hospital is offering a scholarship to a person who fits the Scholarship Guidelines Criteria and wishes to further his or her education in any of the human health-related fields. Members of the committee, in judging the application/s, will consider the following categories:

1. **Financial Need**
2. **Attitude toward work in health-related careers / personal statement**
3. **Community service and employment history**
4. **Recommendations (2 recommendations are required)**
5. **Record in school (GPA) and educational background**

This is a one time, non-renewable Scholarship.

Section 1 General Information

Name: Last, First, Middle Initial)	Date of Birth: ____/____/____ Month / Day / Year
Telephone Number/s: (Where reachable 9-5, M-F)	Are you an U.S. citizen? Have you ever been convicted of, or pleaded guilty to a felony?
Permanent Mailing Address:	What is your marital status as of today?(Check one) ___ single, divorced, or widowed ___ married/remarried ___ separated
If currently employed, give name and location of employer and your occupation:	

Section 2a Education History

	High School	Post Secondary Education
Name of School Attended		
City/State of School Attended		
Years Attended (Ex.'94-'98)		
Diploma/Degree		
Grade Point Average <i>(Include Transcript)</i>		
Detail any awards or honors received		

Section 2b Career Training / Health Educational Plans

What health career do you hope to prepare for?	What degree or certificate will you be working on in the upcoming year?
State total amount of training time required reaching your health career goal?	What will be your grade level when you begin the next school year?
Have you been accepted to the school of your choice in the next school year?	
Name and address of educational facility you plan on attending:	Are you currently in any other training program? (If yes, state program and training facility.)

Will you be attending full or part-time?	Do you attend this training full or part-time?
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**Section 3
Financial Need**

What is your approximate annual gross family income?	How much money has been saved for this training? How much money have you saved for this training?
If married, state spouse's place of employment and occupation.	State number of dependent children in the family.

Are you a dependent of your parents?		
Mother's occupation (If living at home)	Father's Occupation (If living at home)	Number of dependents in parent's household who will be post – secondary students next year.

To what extent are your parents **or spouse** able to contribute to your tuition/room/board/misc. educational expenses?

Describe impact of this scholarship on your educational plans; and/or any extenuating financial circumstances you may have.

**Section 4
Community Service and Employment History**

What experience, if any, have you had working in a hospital, nursing home, or other health care setting?

Detail other work and/or community volunteer experience:

Detail Awards/Honors received in work or volunteer service:

**Section 5
Attitude Toward Work in Health-Related Careers / Personal Statement**

Write your personal statement on an additional sheet and attach to this application. You may share whatever you wish concerning your health career goals and your personal reasons for choosing to pursue a health career. (Please keep personal statement to one page.)

I have not been a previous recipient of the Partners of St. Joseph's Hospital Scholarship (Formerly St. Joseph's Hospital Auxiliary)

Applicant's Signature and Date

Return completed application and 2 letters of recommendation by April 6th, 2012

One reference must be a teacher or an employer. (No family members.)

Revised by the Partners Board 09/08