

Sullivan County Community Hospital Foundation

2012 SCHOLARSHIP APPLICATION

Purpose: To help residents of Sullivan County undertake or further careers in healthcare by providing scholarship funds for their educational expenses.

Guidelines: High school seniors, college students and non-traditional students, including those who work and attend school part-time, have dependents other than a spouse, are single parents, or who hold GED certificates, and who live in Sullivan County are eligible for scholarships as long as they will be attending an accredited educational institution in pursuit of a career in the field of healthcare, with a potential for pursuing a career that fulfills a local community need. Eligible careers include Audiologist, Cardiovascular Technician, Certified Nursing Assistant, Dietitian, Emergency Medical Technician, Laboratory Technician, Medical Assistant, Nurse, Occupational Therapist, Pharmacist, Pharmacy Technician, Physical Therapist, Physician and Surgeon, Physician Assistant, Radiologic Technician, Recreational Therapist, Respiratory Therapist, Social Worker, Speech/Language Pathologist, and Surgical Technologist.

Scholarship funds may be used to cover legitimate educational expenses including tuition, books, room and board, uniforms or other reasonable expenses and are paid directly to the school.

The individual scholarship award will be up to \$2,500. The individual award can not exceed legitimate educational expenses described in the previous paragraph that the applicant has during a single year of study.

Application Deadline: March 16 Recipient/Non-Recipient Notification: Mid May

Personal:

Name: _____

Address: _____ **City/State/Zip:** _____

County of Residence: _____

Phone: _____ **Email:** _____

Name of Parents/Guardian: _____

Address (if different than above): _____

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List current activities, contributions to the community/volunteer activities in which you participate, or honors, recognitions or significant personal achievements you have acquired:

The following is a list of required attachments to be submitted along with your application. (Whenever possible, submit all attachments along with original application—if in some cases it is not possible to submit attachments with application, note below that it will be submitted under separate cover):

Transcript: If you are a high school senior or recent high school graduate and did not yet attend college, submit your high school transcript. If currently enrolled in college or previously attended college, submit your most recent college transcript.

Submit Three Recommendation Forms: Have **three** individuals who know you well complete the attached recommendation form and return to you in a sealed envelope for submission with the original application. These recommendations may come from teachers, school officials, employers, advisors, community leaders or others who know you well. *Note:* You may have the person providing your recommendation type or print legibly on the attached form, *or* they may type and submit their own document, but it must address the information requested on the attached form.

Submit Applicant Photo for Media Release: Submit a professional-quality, formal pose, wallet-size (2.5” x 3.5”) photo of yourself that may be used for publicity if you are chosen as a scholarship recipient.

Interview: The Scholarship Committee may contact you to arrange for an interview, if you reach the final stage of the application process. This interview will be mandatory for you to receive a scholarship from the SCCH Foundation.

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Education:

High School _____ Graduation/GED Date _____

Name of educational institution attending or planning to attend: _____

Address: _____ City/State/Zip: _____

Year in school for up-coming school year: (Circle One) Undergraduate 1 2 3 4

Major _____ Degree Sought _____

Brief Summary of Career Plans _____

Employment History:

Are you currently employed? Y___ N___ If yes, avg number of hrs worked/wk _____

If yes, where are you currently employed? _____

Previous employer: _____

Other Financial Assistance:

List any other financial assistance (scholarships, grants, awards, etc.) and/or tuition reimbursement from any other group, including your college/university or any government entity you anticipate receiving for the upcoming academic year. Do not list loans that you are expected to pay back.

Source	Type of Assistance	Amount
_____	_____	_____
_____	_____	_____

Estimate of Educational Expenses:

_____	_____	_____	_____
Tuition	Room, Board	Books, Uniforms	Total Cost

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**2012 SCHOLARSHIP APPLICATION
RECOMMENDATION FORM**

To be completed by a teacher, school official, employer, co-worker, advisor, community leader or other person who knows the applicant well and can provide information about the applicant's dedication and past experiences. *Note: You may type or print legibly on this form or you may type and submit your own document, but it must address the following information:*

Applicant's Name: _____

Please explain the major qualities or accomplishments the applicant has demonstrated in the following areas. If you are not familiar with the applicant in a particular area, you may skip that attribute or you may substitute another quality that will help us to learn more about the applicant.

Character:

Leadership:

Academic:

Work Ethic:

PLEASE PLACE COMPLETED RECOMMENDATION IN A SEALED ENVELOPE AND RETURN TO APPLICANT.

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Checklist of Enclosures:

___ Application ___ Transcript ___ Three Recommendation Forms ___ Photo

I certify that this application has been filled out truthfully, and to the best of my ability. If I receive a scholarship and then am found to have been dishonest on my application, I understand that I forfeit my scholarship, and will have to pay back the funds received from the Sullivan County Community Hospital Foundation. I will also not be allowed to reapply for future scholarships from the SCCH Foundation.

Applicant

Date

Submit all application materials by Friday, March 16, at 5 p.m. ET to the following:

**Sullivan County Community Hospital Foundation
Attention: Susan Norris
P.O. Box 10
2200 North Section Street
Sullivan, IN 47882
Phone: (812) 268-4311, ext. 2362**