

UNION HOSPITAL FOUNDATION

Scholarship Application 2012–2013 Academic Year

Inaccurate or incomplete applications will not be considered.

If you have questions, call Union Hospital Foundation (812) 238-7534.

Personal Information

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Phone Number: (____) _____

Alternate Number: (____) _____ Email: _____

Marital Status: Married Single Gender: Male Female Date of Birth: _____

Are you a U.S. citizen? Yes No If no, please provide verification of your status according to the U.S. Naturalization and Immigration Service.

Parents' names: _____ Spouse name: _____

Enrollment Information

Provide the name and address of the college/university into which you have been accepted or are presently enrolled.

Name of College/University: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree you are seeking (ex. Bachelor's Degree in Physical Therapy): _____

Date you began/will begin this curriculum (month/year): _____

Date you will graduate (month/year): _____

Relationship (check the appropriate category)

A) _____ I am the child of an employee of _____ Union Hospital/ _____ Union Hospital Clinton/ _____ Hospice
_____ VNA If you checked A, please indicate parent's name(s): _____
_____ and department(s): _____

B) _____ I am an employee of _____ Union Hospital/ _____ Union Hospital Clinton/ _____ UAP/ _____
_____ VNA / _____ Hospice/ _____ Comfort Keepers/ _____

If you checked B, please indicate department: _____

C) _____ I am **not** an employee or the child of a Union Hospital/Union Hospital Clinton/Hospice/VNA/
UAP/Comfort Keepers employee

D) _____ I am currently enrolled in the health careers program through Vigo County School Corporation

E) _____ I will enter college as a Freshman in the Fall of 2012

OR

F) _____ I am currently enrolled in college

Education

Please complete the following information about your education.

For fall 2012
If you will be a:

Provide the information requested
for these levels of your education:

___ College Freshman..... High School
___ Sophomore..... High School and College
___ Junior ___ Senior..... College
___ Graduate Student..... College and any Graduate Education

Attach to this application official transcripts of the courses you have taken which correspond to the education levels you report below.

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates attended (from month/year to month/year): _____

Major or Degree: _____

Scholastic Honors: _____

Extracurricular or community activities, including leadership positions held: **(Attach a list if necessary)**

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates attended (from month/year to month/year): _____

Major or Degree: _____

Scholastic Honors: _____

Extracurricular or community activities, including leadership positions held: **(Attach a list if necessary)**

Graduate, vocational and/or continuing education programs completed:
(Include name of school, dates attended, and degree or course credit received)

Financial Information

A) Personal income for 2011 as reported on YOUR W-2 form(s) of Income Tax Return:

\$ _____

Where will you live while attending college during the 2012-2013 academic year?

- On campus housing— residence hall, fraternity/sorority house, etc.
- Off campus housing— apartment
- Home with parent(s) or guardian(s)
- Other: explain _____

If you attended college for the 2011-2012 academic year, list all financial assistance (grants, scholarships, loans, etc.) received, including amounts:

_____ \$ _____
_____ \$ _____
_____ \$ _____

List all financial assistance (grants, scholarships, loans, etc.) you have been notified of or expect to receive for the 2012-2013 academic year, including amounts:

_____ \$ _____
_____ \$ _____
_____ \$ _____

If you will work while attending college indicate:

The number of hours you **expect** to work per week _____

Your estimated income from this job \$ _____

Answer the following questions, providing information that corresponds to your present situation

B) What was the adjusted gross income for 2011 of:

Your parent(s) or guardian(s) **if** you are a dependent \$ _____

OR

Your household if you are **NOT** a dependent of your parent(s) or guardian(s) **and** if the amount is different than item A:

\$ _____

C) What is the total number of people living in your household, including yourself

_____ Parent(s) or guardian(s) _____ Children _____ Other: Explain _____

D) Answer if applicable:

If other members of your household will be attending college during the 2012-2013 academic year, Indicate below:

<i>Relation</i>	<i>College/University</i>	<i>Level of school (freshman, sophomore, etc.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Apply for Scholarships Checklist:

Applicant **MUST** check the appropriate boxes below for **ONLY** those scholarships for which you are **ELIGIBLE**.
(See detailed listing on the Union Hospital Foundation's scholarship information sheet to determine eligibility)

- The Burnita Laybold Hershfield Nursing Scholarship
- The Mary Joan & Thomas Conway Scholarship
- The Dr. C.N. Combs Memorial Nursing Scholarship
- The Wanita I. & Ernest E. Hinshaw Nursing Education Fund
- The Gertrude and Ralph Horton Grants-in-Aid for Nursing Education
- The Mary Kay Holvey-Aust Nursing Scholarship **(Not offered this academic year)**
- The Gladys N. Marvel, R.N. and Cecil B. Marvel Memorial Nursing Scholarship
- The Amanda Pugh Memorial Nursing Scholarship
- The Michele Pantle Memorial Nursing Scholarship
- The John C. Figg and Jennie Figg Health Careers Scholarship
- The Eleanor N. Royse Health Careers Scholarship
- The Century Club Health Careers Scholarship
- The Frank & Linda Shelton Scholarship
- Donna Hux Scholarship for Hospice
- The Union Hospital Foundation Academic Scholarships

Application Checklist (All information is due by March 1, 2012)

- Completed 2012–2013 Scholarship Application form
- Two or more letters of reference from someone not a relative and who has known you for at least one year
- A copy of acceptance into degree program
- Narrative of 250 words or less describing why you are pursuing the degree and future career plans
- Official transcripts** of courses taken which correspond to education levels reported
- Copy of financial aid award letter (if received yet)
- Attach résumé

Submit these items together to the Union Hospital Foundation office in the Lower Level of Union Hospital East or by mail at:

**Union Hospital Foundation
1606 North Seventh Street
Terre Haute, IN 47804**

My Signature

I hereby apply for a Union Hospital Foundation Scholarship. I have read and understand the terms of the scholarship award. If I receive a scholarship, I agree to comply with the requirements of the award.

Signature

Date