



Scholarship Application - Due March 1st

Inaccurate or incomplete applications will not be considered.

If you have questions, call Union Health Foundation at (812)-238-7534

Personal Information

Full Name: _____

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

County of Residence: _____ Phone Number: _____

Alternate Number: _____ Email: _____

Marital Status: Single Married Gender: Female Male

Date of Birth: _____

Father's Name: _____ Mother's Name: _____ Spouse Name: _____

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.

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 Nursing): _____

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

Are you a full-time college/university student? Yes No

How many college credit hours earned to date: _____

Number of college credit hours expected per semester: _____

Date you will graduate college/university (month/year): _____

Relationship

(check the appropriate category)

A) I am the child of an employee of

- | | |
|------------------------|-----|
| Union Hospital | UAP |
| Union Hospital Clinton | |
| Hospice | |
| VNA | |

If you checked A), please indicate parent name(s) and department(s):

B) I am an employee of

- | | |
|------------------------|-----|
| Union Hospital | VNA |
| Union Hospital Clinton | UAP |
| Hospice | |

If you checked B, please indicate department: _____

- C) I am NOT an employee or child of an employee of Union Hospital / Union Hospital Clinton / Hospice / VNA / UAP.
- 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 this year.
- F) I am currently enrolled in college.

Education

Please complete the following information about your education.

(Check the appropriate category)

For fall of current year I will be a:

Provide corresponding transcripts as marked below:

College FreshmanHigh School
College Sophomore.....High School and College
Junior / Senior.....College
Graduate Student.....College and any Graduate Education

Submit 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 last year as reported on YOUR W-2 form or Income Tax Return: \$_____

Where will you live while attending college during the following 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 the past 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 academic year (beginning in fall of current 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 last year of the following?

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) Current Place of Employment: _____ Current Position: _____

Work Phone: _____ Number of Years: # _____

D) What is the total number of people living in your household, including yourself # _____

Parent(s) or Guardian(s) # _____ / Children # _____ /

Other# _____ (Explain) _____

E) Answer if applicable:

If other members of your household will be attending college during the academic year (beginning in fall of current year), indicate below:

Relationship	College/University	Level of School (freshman, sophomore, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Apply for Scholarships Checklist:

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

- The Dr. C.N. Combs Memorial Nursing Scholarship
 - The Burnita Laybold Hershfield Nursing Scholarship
 - The Wanita I. & Ernest E. Hinshaw Nursing Education Fund
 - The Mary Kay Holvey-Aust Nursing Scholarship
 - The Gertrude and Ralph Horton Grants-in-Aid for Nursing Education
 - The Gladys N. Marvel, R.N. and Cecil B. Marvel Memorial Nursing Scholarship
 - The Michele Pantle Memorial Nursing Scholarship
 - The Amanda Pugh 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 Donna Hux Scholarship for VNA and Hospice of the Wabash Valley
 - The Frank and Linda Shelton Scholarship
 - The Union Health Foundation Academic Scholarships
 - The Margaret Carroll Scholarship Offered by the Service League of Union Hospital
 - The Erin Bird Isles Memorial Nursing Scholarship
 - The Dr. J. Lewis and Florence Stoelting Scholarship
-

Application Checklist: (All information due March 1st)

Completed 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 letter into degree program OR letter from academic advisor proving your enrollment in a health care-related major

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)

Attach résumé (if applicable)

Submit these items together to the Union Health Foundation office in the Lower Level of Union Hospital East or by mail (postmark no later than March 1st) at:

Union Health Foundation

1606 North Seventh Street

Terre Haute, IN 47804

My Signature

I hereby apply for a Union Health 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