Good Samaritan Hospital Foundation

Scholarship Application Financial Form

Please provide the information requested. *If applicable, please include a copy of your financial aid award letter from your college university.* This form must be submitted with the Good Samaritan Hospital Foundation Scholarship Application.

Provide the following information: (if this does not apply to the student, please provide the parent's information)

A.	. Answer the following questions, providing information which	corresponds
	with your present situation:	

What was your personal income for 2011 as reported Income Tax Return?	
2. Where will you live while attending college during the	he academic year 2011-2012 ?
 () On campus housing residence hat () Off campus housing apartment, () At home with parent(s)/guardian(s) () Other, explain 	etc.
3. If you attended college between 2009-2012, list all fi scholarships, loans, etc.) received, including amounts	S:
	\$
	\$
	\$
4. List all financial assistance (grants, scholarships, loa to receive for the 2011-2012 academic year:	, , ,
	\$ \$
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	5.	llege indicate:						
		The number of hours you expect to y						
		Your estimated income from this job	b \$					
	6. Enrollment: () Current () Anticipated							
		() Full-Time () Half-Time (at least 6 credit hr.						
B .	What wa	s the adjusted gross income for	r 2011 of:					
		() Your parent(s)/guardian(s) if yo() Your household if you are not a						
	What is a yourself.	the total number of people living	g in your household including					
		Parent(s)/Guardian(s)						
		Children						
		Other, explain_						
D .	If other members of your household will be attending college during the 2011-2012academic year, please list their relationship to you, the name of the university they will attend and their class level (freshman, sophomore, etc.)							
	on record	_	dation access to my financial information cial need as it applies to my application for bundation.					
			Parent/Guardian(if applicant is a minor)					