



## SCHOLARSHIP APPLICATION | 2022 - 2023 ACADEMIC YEAR

### Employees

Scholarship applications will be reviewed quarterly. Deadlines for applications are:  
**March 31, 2022 | June 30, 2022 | September 30, 2022 | December 31, 2022**

*Late or incomplete applications will NOT be considered.*

Please submit this application with the following:

- Three (3) letters of reference: one from your manager or director and two additional letters of recommendation from your pastor, colleagues, professional peers, etc.
- An essay of at least 250 words describing why you chose the area of study and what your career aspirations are at Good Samaritan.
- Copy of your notice of acceptance into degree program or conference information.
- Official copies of high school OR college / university transcripts (if applicable).

***Please select the scholarship(s) you are applying for from the list below.  
(One application is all that is necessary, even if applying for more than one scholarship.)***

X	SCHOLARSHIP	OVERVIEW
	Chris and Laura Nardine Memorial Scholarship	Awarded to student attending Vincennes University (VU) in a health care related field of study.
	Gloria Van Eaton Memorial Scholarship	Awarded to student attending Vincennes University (VU) in a health care related field of study.
	The Matthew Bowman Memorial Scholarship	Awarded to Good Samaritan employee (full-time or part-time) of any department seeking assistance for health-related certifications, review courses, conferences or educational boot camp fees.
	Nursing and Allied Health Care Scholarship	Awarded to student pursuing a degree in nursing or another health care related field.
	Robert L. Winkler Memorial Scholarship	Awarded to student pursuing a degree in Radiology or related field.
	Ross Darkis Memorial Scholarship	Awarded to student pursuing a degree in Occupational Therapy.

Please select the program you are requesting assistance for:

- |  |   |
|--|---|
| <input type="checkbox"/> College / University Degree | <input type="checkbox"/> Review Course                |
| <input type="checkbox"/> Educational Bootcamp        | <input type="checkbox"/> Health-Related Certification |
| <input type="checkbox"/> Conference Fees             |   |

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

### THIS SECTION FOR COLLEGE / UNIVERSITY APPLICANTS ONLY

Please provide the name and address of the university / program in which you are presently enrolled, or to which you are applying. If you have received a student ID, please include it.

Name of University / Program: \_\_\_\_\_

Student ID Number (If Available): \_\_\_\_\_

University / Program City, State, Zip: \_\_\_\_\_

Health care degree you are pursuing: \_\_\_\_\_

Date you began / will begin this curriculum (Month / Year): \_\_\_\_\_

Anticipated date of graduation (Month / Year): \_\_\_\_\_

Number of hours enrolled per semester / quarter: \_\_\_\_\_

Number of hours required for graduation: \_\_\_\_\_

Number of hours completed in program: \_\_\_\_\_

COLLEGE / UNIVERSITY GPA: \_\_\_\_\_  
Date / Cumulative Date / Most Recent

Did you previously attend another college?  Yes (Please fill the information below.)  No

\_\_\_\_\_  
Name / City / State of College / University & Years of Attendance Degree Received or Number of Hours Completed

Did either of your grandparents attend college?  Yes  No

Did either of your parents attend college?  Yes  No

Your enrollment status:  Current  Anticipated

Full-Time  
12+ Credit Hours

Half-Time  
At Least 6 Credit Hours

Part-Time  
Less Than 6 Credit Hours

For applicants attending an accredited college or university, a scholarship requirement is to maintain a 3.0 GPA. Please initial below to give Good Samaritan Foundation approval to access your mid-year and final cumulative GPA from your college / university during the upcoming academic year. (You must also authorize Good Samaritan Foundation on your records at your college / university.)

\_\_\_\_\_  
Applicant Initials

**THIS SECTION IS FOR APPLICANTS SEEKING SCHOLARSHIP FOR CERTIFICATION, EDUCATIONAL BOOTCAMP, REVIEW COURSE OR CONFERENCE.**

Name of Program, Conference, Certification, Educational Bootcamp or Review Course:

Please write a brief description and attach documents pertaining to the course of study / conference.

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

**Combined Household Income:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Less than \$25,000  | <input type="checkbox"/> \$50,001 - \$62,500 | <input type="checkbox"/> \$87,501 - \$100,000  |
| <input type="checkbox"/> \$25,001 - \$37,500 | <input type="checkbox"/> \$62,501 - \$75,000 | <input type="checkbox"/> \$100,001 - \$125,000 |
| <input type="checkbox"/> \$37,501 - \$50,000 | <input type="checkbox"/> \$75,501 - \$87,500 | <input type="checkbox"/> \$125,001 and Above   |

Including yourself, how many family members reside in your household? \_\_\_\_\_

Do you receive child support or alimony?  Yes  No

Are you, or your spouse, responsible for paying child support or alimony?  Yes  No

**If you have attended college / university, list all financial assistance received, including amounts (grants, scholarships, student loans, etc.):**

Grants and Scholarships	Student Loans
\$ _____	\$ _____
\$ _____	\$ _____

**List all financial assistance that you expect to receive for this academic year:**

Grants and Scholarships	Student Loans
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**If you will work while attending college / university, earning certification, attending an educational bootcamp, review course or conference, please indicate:**

Number of Hours you Expect to Work Per Week: \_\_\_\_\_

Your estimated income from this job: \$ \_\_\_\_\_  
(Please indicate the pay period: Weekly, Bi-Weekly, Monthly, etc.)

If other members of your household will be attending college / university during the upcoming academic year, please list their relationship to you, the name of the college / university they will attend and their class level (freshman, sophomore, etc.)

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Please report any unusual family, personal or financial circumstances which you believe warrant consideration. (Unusual circumstances may, or may not, be considered in the selection process.)

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*Please include a detailed list of notable achievements at Good Samaritan. This could include any leadership positions, community service or council memberships.*

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I hereby apply for a Good Samaritan Foundation Scholarship. I have read, and I understand, the terms of the scholarship award.

If I receive a scholarship, I agree to comply with the requirements of the award. I will provide Good Samaritan Foundation with my student ID (if applicable), email address and photograph. I agree to grant Good Samaritan Foundation access to my financial information on record for the purpose of determining financial need as it applies to my application for a scholarship with the Foundation.

Scholarships will only be awarded to students in health care related fields of study. Late or incomplete applications will not be considered.

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Signature

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Date



520 S. Seventh Street  
Vincennes, IN 47591  
812-885-3192