



SCHOLARSHIP APPLICATION | 2022 - 2023 ACADEMIC YEAR
Students Enrolled in an Accredited Medical School

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: an academic reference and two additional letters of recommendation from your pastor, colleagues, professional peers, etc.
- An essay of at least 250 words in which you describe why you are pursuing the degree you've chosen and your career plans upon achieving your degree.
- Copy of your notice of acceptance into degree program or conference information.

Full Name: _____

Home Address: _____
(City) (State) (Zip Code)

Phone Number: _____ **Email:** _____

Marital Status: Single Married **Gender:** Male Female

Date of Birth: _____ **Spouse's Name:** _____

***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
	Good Samaritan Physician Legacy Scholarship	Awarded to a student who is currently enrolled in an accredited graduate school of medicine working toward an MD or DO degree.

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

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 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.)

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.)

Please list your volunteer, community service, leadership positions and extracurricular activities you are a part of.

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.

Signature

Date



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