



## SCHOLARSHIP APPLICATION | 2022 - 2023 ACADEMIC YEAR Graduating High School Seniors and Students Currently Enrolled in an Accredited College or University Program

Scholarship applications will be reviewed quarterly. Deadlines for applications are:  
**March 31, 2022 | June 30, 2022 | September 30, 2022 | December 1, 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.
- Official copies of high school OR college / university transcripts.

**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
	The Beacons of Excellence	Awarded to <b>graduating high school senior</b> from each high school in Knox County, Indiana and Lawrence County, Illinois. <i>Application due March 31, 2022. Awarded one time per year.</i>
	Chris and Laura Nardine Memorial Scholarship	Awarded to <b>student attending Vincennes University (VU)</b> in a health care related field of study.
	Gloria Van Eaton Memorial Scholarship	Awarded to <b>student attending Vincennes University (VU)</b> in a health care related field of study.
	Nursing and Allied Health Care Scholarship	Awarded to <b>student pursuing a degree in nursing or another health care related field.</b>
	Robert L. Winkler Memorial Scholarship	Awarded to <b>student pursuing a degree in Radiology or related field.</b>
	Ross Darkis Memorial Scholarship	Awarded to <b>student pursuing a degree in Occupational Therapy.</b>

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 you will work while attending college / university or earning certification, 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.)

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



**Good Samaritan**  
Foundation

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