



SCHOLARSHIP APPLICATION

Scholarship applications will be reviewed biyearly. Late or incomplete applications will NOT be considered. **Deadline: March 1 and October 1**

***Applicant must reside or originally be from the 11 counties Good Samaritan serves.**
Indiana: Knox, Daviess, Pike, Greene, Martin, Sullivan and Gibson Counties
Illinois: Lawrence, Wabash, Crawford and Richland Counties

***Applications are evaluated on academic achievement, financial need, leadership skills, and community service, considering factors such as grades, financial background, leadership roles, and involvement in community activities.**

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.
- In an essay of at least 250 words, describe why you have chosen your specific degree, particularly focusing on how you envision your future role at Good Samartain.
- 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)

Address While In School: _____
(City) (State) (Zip Code)

Phone Number: _____ **Email:** _____

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

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.)

- Gloria Van Eaton Memorial Scholarship
- Chris and Laura Nardine Memorial Scholarship
- Ross Darkis Physical Therapy Memorial Scholarship
- The Beacons of Excellence Scholarship
- Nursing and Allied Health Care Scholarship
- Good Samaritan Physician Legacy Scholarship
- The Matt Bowman Memorial Scholarship

SCHOLARSHIP	CRITERIA
Gloria Van Eaton Memorial Scholarship	<p>This scholarship is awarded to a student who will attend Vincennes University (VU) in a health care related field of study.</p> <p>ELIGIBILITY: The applicant must be a Good Samaritan employee, or a qualifying student volunteer who has completed 100 hours the year prior. The student must be enrolled at VU on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care related field of study. Applicant must be a Good Samaritan employee or volunteer.</p>
Chris and Laura Nardine Memorial Scholarship	<p>This scholarship is awarded to a student attending Vincennes University (VU) in a health care related field of study.</p> <p>ELIGIBILITY: The applicant must be enrolled at VU on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care related field of study.</p>
Ross Darkis Physical Therapy Memorial Scholarship	<p>This scholarship recognizes a commitment to living the Mission & Vision of Good Samaritan and is awarded to one student who is pursuing a degree in any field of Physical Medicine or Sports Performance. Applicants should demonstrate both academic achievement and a commitment to community service.</p> <p>ELIGIBILITY: The applicant must be enrolled in a college or university, taking a minimum of 6 credit hours and pursuing a degree in any of the following: Physical Therapy, Occupational Therapy, Speech Therapy, Athletic Training, Kinesiology, and/or Exercise Science.</p>
The Beacons of Excellence Scholarship	<p>This scholarship is awarded to a graduating high school senior, from each high school in Knox County, Indiana and Lawrence County, Illinois.</p> <p>ELIGIBILITY: The applicant must be enrolled in a college or university on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care field of study.</p>
Nursing and Allied Health Care Scholarship	<p>This scholarship is awarded to a student who is pursuing a degree in nursing or another health care related field of study.</p> <p>ELIGIBILITY: The applicant must be enrolled in a college or university on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care field of study.</p>
Good Samaritan Physician Legacy Scholarship	<p>This scholarship is awarded to a student who is currently enrolled in an accredited graduate school of medicine working toward a MD or DO degree.</p> <p>ELIGIBILITY: The applicant must be enrolled in a medical college or university on a full time basis.</p>
The Matt Bowman Memorial Scholarship	<p>This scholarship is awarded to a Good Samaritan full-time or part-time employee of any department or discipline seeking assistance for health-related certifications, review courses, conferences or educational boot camp fees.</p> <p>ELIGIBILITY: The applicant must be a Good Samaritan employee pursuing a health-related educational opportunity and is planning to continue their tenure at Good Samaritan for at least one year.</p>

If you are applying for The Matt Bowman Memorial Scholarship, you may disregard this section. For all other scholarship applications, 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

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

Did either of your grandparents attend college? Yes No

Did either of your parents attend college? Yes No

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 (Please attach additional list if necessary).

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
Hospital Foundation

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