 Tempe St. Luke’s Hospital

 Steward Health Care System

|  |
| --- |
| CHECK ONE: |
|  | Full time (12+ hours) |
|  | Part-time (6+ hours) |

 **TEMPE ST. LUKE’S HOSPITAL AUXILIARY**

 **SCHOLARSHIP APPLICATION**

 **2020 - 2021**

***INFORMATION MUST BE TYPED ON THIS APPLICATION.***

**DEADLINE: APPLICATIONS MUST BE RECEIVED BY FEBRUARY 01, 2020**

**PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. NAME |  | E-MAIL |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  BIRTHDATE |  | LAST 4 SOCIAL SECURITY # |  | # OF YOUR DEPENDENT(S)  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. CURRENT ADDRESS |  | CITY |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  STATE |  |  ZIP CODE |  |  PHONE |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3. NAME OF PARENT(S) |  | GUARDIAN |  |  SPOUSE |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |  |  |  |  |  |
|  ADDRESS |  | CITY |  | STATE |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ZIP CODE |  |  PHONE |  |  CELL PHONE |  |

**EDUCATIONAL BACKGROUND**

|  |  |
| --- | --- |
| 4. NAME OF SCHOOL (Current or Last) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  From |  | To |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  ADDRESS |  |  CITY |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  STATE |  |  ZIP CODE |  |  PHONE |  |

|  |  |  |
| --- | --- | --- |
| 5. |  SCHOLASTIC STANDING GPA |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6**.** | **NAME OF SCHOOL YOU PLAN TO ATTEND IN THE FALL OF 2020**

|  |  |
| --- | --- |
| **SCHOOL:** |  |
| **ADDRESS:** |  |

 |

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|  |  |  |
| --- | --- | --- |
| 7. | MAJOR |  |
| 8. | AREA OF EDUCATIONAL SPECIALIZATION |  |

**ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| 9. | VOLUNTEER ACTIVITIES  |  |

|  |  |
| --- | --- |
| A. | RELATED TO THE HEALTHCARE FIELD: |
| NAME OF AGENCY OR INSTITUTION:  |  |
| DATES: | From |  | To |  | TOTAL HOURS: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***SUPERVISOR’S SIGNATURE*** |  | PHONE |  |

|  |  |
| --- | --- |
| B. | OTHER VOLUNTEER ACTIVITIES: |

|  |  |
| --- | --- |
| NAME OF AGENCY OR INSTITUTION |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATES: | From |  | To |  | TOTAL HOURS: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***SUPERVISOR’S SIGNATURE*** |  | PHONE |  |

|  |  |
| --- | --- |
| 10. | COMMUNITY ACTIVITIES:  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| 11. | WHAT OTHER FINANCIAL AID OR SCHOLARSHIPS HAVE YOU RECEIVED FOR THE UPCOMING SEMESTER? WHAT IS THE VALUE OF EACH? |

|  |  |  |  |
| --- | --- | --- | --- |
| FROM: |  | VALUE | $  |
| FROM: |  | VALUE | $ |
| FROM: |  | VALUE | $ |

12. OTHER AWARDS, HONORS, ACTIVITES AND/OR OFFICES HELD (HIGH SCHOOL, COLLEGE, COMMUNITY, CLUBS, ETC.)

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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**WORK EXPERIENCE**

13. LIST YOUR WORK HISTORY, HEALTH RELATED AND OTHER:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYER |  | TITLE/DUTIES |  | DATES |
|  |  |  |  | FROM: |  | TO:  |  |
|  |  |  |  | FROM: |  | TO:  |  |
|  |  |  |  | FROM: |  | TO:  |  |
|  |  |  |  | FROM: |  | TO:  |  |

**FINANCIAL NEED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14. | GIVE AN ESTIMATE OF THE COST OF YOUR EDUCATION FOR THE COMING YEAR: |  | 15. | AMOUNT OF MONETARY SUPPORT FROM: |
|   | A. | TUITION & BOOKS | $ |  | A. | LOANS  | $ |  |
|  | B. | HOUSING | $ |  | B. | GRANTS | $ |  |
|  |  | TOTAL | $ |  | C. | SCHOLARSHIPS  | $ |  |
|  |  |  |  |  | D. | SELF / SPOUSE | $ |  |
|  |  |  |  |  | E. | PARENTS | $ |  |
|  |  |  |  |  |   | TOTAL | $ |  |

|  |  |
| --- | --- |
| 16. | WILL YOU LIVE WITH YOUR PARENTS/GUARDIAN WHILE ATTENDING COLLEGE? |
|  |  | YES |  |  | NO |

**PROFILE OF APPLICANT**

1. WRITE A BRIEF ESSAY **(200 WORDS OR LESS)** DESCRIBING YOUR MAJOR FIELD OF INTEREST AND

 YOUR REASON FOR APPLYING FOR THIS SCHOLARSHIP.

PLEASE USE THE LAST PAGE OF THIS APPLICATION FORM TO COMPLETE THIS

QUESTION. TYPE ONLY.

**ATTEST**

**I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER UNDERSTAND THAT FALSIFICATION OF INFORMATION WILL RESULT IN DISQUALIFICATION.**

|  |  |
| --- | --- |
| SIGNATURE OF APPLICANT: |  |
| DATE: |  |

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 **PROFILE OF APPLICANT**

 **(200 WORDS OR LESS)**