 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)**