

SYBIL B. HARRINGTON SCHOLARSHIP

ST. LUKE'S SERVICE LEAGUE

NOW AVAILABLE FOR 2019-2020

The 2019-2020 Sybil B. Harrington Scholarship is being offered by the Phoenix St. Luke's Service League. This scholarship is made by an endowment from Sybil B. Harrington Living Trust. The scholarship is **available only to American Citizens** and residents living in **Maricopa County** pursuing an education in a healthcare-related field. The applicant must be accepted to an accredited University, Community College, or Technical/Vocational School in **Maricopa County** and complete 12 credit hours (or 9 graduate credit hours) of study. The scholarship is awarded as a gift, to be used **ONLY** for school expenses (tuition, books, lab fees; purchased through school facilities) The scholarship is available for **ONE YEAR** provided the student maintains a Grade Point Average (GPA) of 3.0 or above for the Fall and Spring semester. Documentations of the GPA and continuous enrollment must be validated prior to the issuing of scholarship monies each semester. No monies will be released without proper documentation. Previous scholarship recipients may re-apply for this scholarship as long as they meet the requirements. All documentations **MUST** include School of Acceptance ID Number.

In addition to the residency requirements and the 3.0 GPA, other considerations to the granting of this scholarship will be volunteerism, extra-curricular activities, and a written statement of academic goals. Failure to complete the financial statement will result in disqualification of the applicant.

DOES THE APPLICANT MEET THE FOLLOWING CRITERIA?

The applicant is:

- An **American Citizen** and a resident of **Maricopa County**
- Pursuing and completing at least 12 credit hours each semester (or 9 credit hours as a graduate student) in a healthcare-related career
- Planning to attend or is attending an accredited College, University, or Technical/Vocational School in **Maricopa County**
- Has a current GPA of 3.0 or above

Applications must be **POST MARKED** by Friday, February 15, 2019 for the school year 2019-2020. Semifinalist will be contacted by phone for a personal interview with the Scholarship Committee. All finalist must be able to attend the Spring luncheon on May 2, 2019 from 11:00 a.m. to 1:00 p.m.

Mail completed applications in the required 2 pocket folder to:

Phoenix St. Luke's Service League
Sybil B. Harrington Scholarship Committee
P.O. Box 21447
Phoenix, Arizona 85036

Information is available by calling the St. Luke's Service League Office 602-251-8279

(DO NOT CALL ST. LUKE'S MEDICAL CENTER)

OR

See your school Guidance Counselor or Financial Aid Officer

DO NOT MAIL APPLICATIONS TO HOSPITAL

SYBIL B. HARRINGTON SCHOLARSHIP

SCHOLARSHIP DIRECTIONS/INFORMATION

2019-2020

APPLICATION CHECKLIST:

- Applications must be submitted in a **FOLDER WITH POCKETS ON EACH SIDE** (no exceptions)
- Application must be completed only on the SYBIL B. HARRINGTON SCHOLARSHIP form
- Application must be for a University, College, or Technical/Vocational School in **Maricopa County**
- The application form may NOT be reconstructed in any form
- The application may be duplicated only by a copy machine
- A complete application is either typed or printed legibly in black ink, including student college ID
- A typed personal statement is to be presented on a separate sheet of paper. The paper is to include your education goals, ambitions and description of the value of this scholarship to you
- **Request YOUR SCHOOL**, to submit a current **OFFICIAL** transcript of your grades at the conclusion of each semester. If your grades are granted on any schedule other than by semester, **OFFICIAL** grades must be submitted at the conclusion of each grading period.
- Request two current personal letters of recommendations by current teachers, employers or other professionals. **Letters are to be signed, sealed, and mailed to the scholarship committee**. Please request all recommending parties to describe their relationship to you.
- **PLEASE VERIFY ALL OF THE REQUIRED DOCUMENTS HAVE BEEN SUBMITTED. THE COMMITTEE WILL NOT REVIEW YOUR APPLICATION IF ANY OF YOUR PAPERWORK HAS NOT BEEN SUBMITTED AS REQUIRED.**

Request a letter of verification from the school of your choice showing you have been accepted into a healthcare field of study. (If this is your first semester of college, a prerequisite class schedule received from your school may be submitted as verification document.) You must submit a copy of classes to be taken plus the number of credit hours for each class on your schedule for Fall 2019.

Application and letters of recommendation must be **postmarked** no later than:

FRIDAY, FEBRUARY 15, 2019

Semifinalist will be contacted by phone for a personal interview. Please make sure all contact information is up to date to avoid disqualification.

INCOMPLETE APPLICATIONS WILL RESULT IN AUTOMATIC DISQUALIFICATION

NOTE: APPLICANTS SHOULD BE AWARE OF THE TAX OBLIGATIONS AS A RECIPIENT OF A SCHOLARSHIP

Information is available by calling St. Luke's Service League Office 602-251-8279

(DO NOT CALL ST. LUKE'S MEDICAL CENTER)

STEWARD VOLUNTEERS, EMPLOYEES
AND THEIR FAMILIES ARE ENCOURAGED TO APPLY

****SAVE THIS INFORMATION SHEET FOR YOUR RECORDS****

SYBIL B. HARRINGTON SCHOLARSHIP APPLICATION

2019-2020

(please type or print legibly in black ink)

Date: _____

PERSONAL INFORMATION (omitting any information will disqualify you from the scholarship)

Name: _____ M F

Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

(Answer the following questions)

Are you an American Citizen? Yes No

Are you an Arizona Resident? Yes No

If yes, how long have you lived in Maricopa County? Years _____ Months _____

Do you have an Arizona Driver's License? Yes No

If no, explain why? _____

EDUCATION: NOTE - School of attendance must be in Maricopa County to qualify.

Current School: _____

School Address: _____

Current Year in School: _____ GPA: _____

High School (if different from above): _____ Graduation Date: _____

Address of High School: _____

List community/junior colleges, universities or other specialized school you have attended:

school	dates	degrees/certification received
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school	dates	degrees/certification received
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SYBIL B. HARRINGTON SCHOLARSHIP APPLICATION

2019-2020 continued

EMPLOYMENT (for additional employment attach additional sheet)

Current Employer: _____

Address: _____

Phone: _____ How many hours per week? _____

Dates of Employment: _____ Hourly Rate: _____

Please complete the following information:

Live on your own ____ Live with parents ____ Other _____

My annual income _____ Family size _____

Financial support from parents _____ Other sources ____

Parents annual income _____ Dependents responsible for in addition to self _____

Individually, list the financial aid or scholarships you will receive for the upcoming year.

Scholarship(s) \$ _____

Loan(s) \$ _____

Grant(s) \$ _____

EDUCATION INFORMATION

What school do you plan to attend? _____

What healthcare field or program do you plan to enter? _____

School Address: _____

Have you applied to the school? _____ Have you been accepted? _____ Student ID _____

List honors, awards, achievements or other distinctions you have received:

SYBIL B. HARRINGTON SCHOLARSHIP

STATEMENT OF CERTIFICATION

I hereby certify that all information contained in this application is true and correct to the best of my knowledge.

Applicant's Name (print)

Applicant's Signature

Date

Parent/Guardian's Name **(if a dependent)**

Parent/Guardian's Signature **(if a dependent)**

Date

For further information contact St. Luke's Volunteer Services at 602-251-8279

Mail completed application packet to:

Phoenix St. Luke's Service League

P.O. Box 21447

Phoenix, Arizona 85036

SYBIL B. HARRINGTON SCHOLARSHIP

RELEASE OF INFORMATION

This form authorizes release of necessary school record information for use only by the St. Luke's Service League Scholarship Committee. The confidentiality of this material will be protected by the committee in determining eligibility of the scholarship.

Applicant's Name (print)

Applicant's Signature

Date

Parent/Guardian's Name **(if a dependent)**

Parent/Guardian's Signature **(if a dependent)**

Date

SYBIL B. HARRINGTON SCHOLARSHIP

AWARD DISBURSEMENT AGREEMENT

The following is an agreement entered into by the Scholarship Recipient and the St. Luke's Service League.

The recipient acknowledges that awards received are for expenses relating to attending and completing courses at one of the **STATE APPROVED HEALTHCARE PROGRAMS** in Maricopa County. The courses must be related to the field of **HEALTHCARE**. Prerequisite courses are included.

I have read and understand the above statements and hereby agree to validate the use of scholarship awards by presenting the proof of completion at the Fall and/or Spring semesters. Furthermore, **if it is not possible to validate, I will request** _____ **to return the previously**
name of school
mentioned awards to the Scholarship Committee.

I HEREBY AGREE TO THE AWARDS DISBURSEMENT AGREEMENT:

Applicant's Name (print)

Parent/Guardian's Name (if a dependent)

Applicant's Signature

Parent/Guardian's Signature (if a dependent)

Date

Date

STUDENT INFORMATION

Full Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

MY SCHOLARSHIP CAN BE SENT TO THE FOLLOWING ADDRESS:

School: _____ Department _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Aid Office Phone Number: _____

SYBIL B. HARRINGTON SCHOLARSHIP

TUITION ASSIGNMENT ADDRESS FORM

I will be attending the following school in the fall/spring of _____. Please direct my tuition monies to:

Name of School: _____

Address of Financial Aid Office: _____

City: _____ State: _____ Zip Code: _____

Financial Aid Office Phone Number: _____

I also understand that:

1. In order for my tuition to be sent to the school for the semester designated above, **I must request the school to mail an official transcript of my last grade period** to Phoenix St. Luke's Service League Scholarship Program.
2. I must **submit a schedule of my classes each semester** documenting that I am enrolled for 12 or more credit hours (or 9 more graduate credit hours) each semester.
3. In the event I am unable to attend the above school for either semester I will notify St. Luke's Service Scholarship Committee immediately so the monies can be reassigned to an alternate scholarship recipient.
4. In the event I transfer schools within Maricopa County, I must do so **prior to tuition time**; this will allow my scholarship to be redirected to the appropriate school. **Funds will not be transferred to an Out of County or out of State Schools.**
5. **In the event I change schools prior to the Fall Semester 2019, I will notify the Scholarship Committee in writing by June 1, 2019. This will allow my school funds to be redirected to the appropriate school.**
6. I also understand that **if my GPA drops below the required 3.0** that the monies reserved for me shall be returned to St. Luke's Service League Scholarship Fund.

Applicant's Name (print)

Parent/Guardian's Name (if a dependent)

Applicant's Signature

Parent/Guardian's Signature (if a dependent)

Date

Date

SYBIL B. HARRINGTON SCHOLARSHIP
STUDENT BEHAVIORAL AGREEMENT

I _____, agree as a recipient of the St. Luke's Service League Scholarship to the following behaviors.

As a recipient of the scholarship, I understand it is inappropriate behavior on my part to contact or attempt to personally contact any member of the St. Luke's Service League and/or any more of the St. Luke's Scholarship Committee outside of the hospital. The appropriate contact is through the Service League office at 602-251-8279 on Wednesdays. Leaving a voicemail is acceptable any day of the week. All voicemails will receive a response on the Wednesday after the voicemail is received.

Any violation of this agreement will result in the loss of scholarship. No exceptions will be made.

Applicant's Name (print)

Parent/Guardian's Name (**if a dependent**)

Applicant's Signature

Parent/Guardian's Signature
(if a dependent)

Date

Date

Service League Copy

Student Copy

SYBIL B. HARRINGTON SCHOLARSHIP
STUDENT BEHAVIORAL AGREEMENT

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Any violation of this agreement will result in the loss of scholarship. No exceptions will be made.

Applicant's Name (print)

Parent/Guardian's Name (**if a dependent**)

Applicant's Signature

Parent/Guardian's Signature (**if a dependent**)

Date

Date

Service League Copy

Student Copy (keep for your records)

SYBIL B. HARRINGTON SCHOLARSHIP
PRESS RELEASE AUTHORIZATION

I, _____, give my permission for the Phoenix St. Luke's Service League to use my name and/or photograph in press releases related to the Service League's Scholarship Program.

Applicant's Name (print)

Parent/Guardian's Name (**if a dependent**)

Applicant's Signature

Parent/Guardian's Signature (**if a dependent**)

Date

Date

