THE GOOD SAMARITAN HOSPITAL AUXILIARY
Lebanon, Pennsylvania 17042

The requirements for **The Good Samaritan Hospital Auxiliary Health Careers Scholarship** are as follows:

1. Must be an employee of The Good Samaritan Health System.

2. Must be pursuing an education in the field of health care.

3. Must be a student during the school year 2014-2015.

Scholarship recipients must be willing to sign an agreement to work at The Good Samaritan Health System and remain employed in a full time or part time capacity for 24 months upon course completion. **If the commitment is not kept, re-payment will be pro-rated in ½ increments. The re-payment amount will be due and must be paid within 30 days after the employee's last day of work.** The payment will be made to The Good Samaritan Hospital Auxiliary.

4. Information needed:

    a. All applicable transcripts with GPA of most recent School or College attended.

    b. Two letters of reference submitted with application (no relatives).

YOU ARE RESPONSIBLE FOR MAKING SURE YOUR TRANSCRIPTS AND REFERENCE LETTERS GET TO THE DEVELOPMENT OFFICE BY THE DEADLINE. (No phone calls will be made by our office to get your information!)

IF WE DO NOT RECEIVE ALL YOUR INFORMATION BY 3:00 PM THURSDAY APRIL 10, 2014, YOU WILL NOT BE CONSIDERED FOR A SCHOLARSHIP!

THE GOOD SAMARITAN HOSPITAL AUXILIARY
Lebanon, Pennsylvania 17042

2014-2015 HEALTH CAREERS SCHOLARSHIP APPLICATION

Degree Pursuing: _____

Scholarship recipients must be willing to sign an agreement to continue working in The Good Samaritan Health System for two years after graduation.

PLEASE TYPE OR PRINT IN BLACK INK

A. PERSONAL

Name: _____ Age: _____

Home Address: _____

Mailing Address:_____

Telephone Number: Home _____Cell_____

Email address that you will be checking April-July (this is how you will be contacted)

_____

B. EDUCATIONAL AND EMPLOYMENT HISTORY

High School: _____ _____
(Graduation Date)

Additional Education/Training: _____

_____

Employment:

POSITION	DEPARTMENT	NAME OF COMPANY OR HOSPITAL	HOW LONG

What Schools/Colleges have you applied to/or are you attending?

_____

_____

(Indicate with an * where you have been accepted)
Total Number Of Credits Required to Complete Course Of Study:
Number Of Credits Completed To Date:
How many credits enrolled in for next academic year: Cost per Credit $

C. Family

If Single, answer the following questions.

Father's full name:_____
living/deceased (circle one)
Father's occupation and place of employment:_____

Mother's full name: _____
living/deceased (circle one)
Mother's occupation and place of employment_____

Number of children or dependents residing at home:
Brothers _____ Ages _____ Other _____
Sisters _____ Ages _____

Do you reside with your parents? Yes _____ No _____

If no, with whom? _____

Address: _____

If Married, answer the following questions.

Spouse's full name: _____Age _____

Spouse's occupation and place of employment: _____

Number of children or dependents in family: _____ Ages: _____

If divorced, does spouse support children? Yes No

D. FINANCES

A clear picture of your own and your family's financial position must be given. Financial need is a primary factor considered in appraising your application. If you need additional space for clarification, please attach an extra sheet of paper. This information will be kept confidential.

Adjusted gross income on your most recent IRS return:

1. *Personal $_____ 2. *Household _____
*this information is required

Indicate whether your family had exceptional expenses during the past year: ____

What is your hourly salary? $_____

How many hours per week do you work? _____

Plans for financing your education:

1. Cost of education per academic year?_____
2. Amount you have saved for this purpose? $_____
3. Amount you expect from other sources? $_____
4. What scholarships have you applied to? _____
_____

E. ACTIVITIES

List community and/or hospital activities in which you have participated:

Add any additional information, which you think, would be useful to the scholarship committee in evaluation of your application.

_____
Date Signature

Mail application, transcripts and reference letters to:

Misty Zechman, Development Office
The Good Samaritan Health Services Foundation
P.O. Box 1281
Lebanon, PA 17042
(717) 270-7864

Physical Office Location: 259 S. 4th Street, 1st Floor
Application, transcripts and references must be received by
3:00 PM Thursday, April 10, 2014

This application will not be considered unless fully completed and all transcripts and reference letters are received by the date above.

All applicants will need to schedule an initial interview in May. (You will be notified of the dates and times.)

Original: 9/04

The Good Samaritan Hospital Auxiliary
Health Careers Scholarship
Letter of Commitment

In return for the scholarship given to me by the GSH Auxiliary to enhance my career in the health care industry, I agree to:

- Attain a C+ or better grade in each of my courses.
- Notify you immediately of any change in school or status in my nursing education.
- Keep the auxiliary scholarship committee informed of my progress by forwarding a copy of my grades at the end of each semester.
- Contribute back to the health system and the community in a professional manner.
- As an employee obtaining a certification/degree, I will remain employed by The Good Samaritan Health System in a full time or part time capacity for 24 months upon course completion. If the commitment is not kept, re-payment will be pro-rated in ½ increments. **The re-payment amount will be due and must be paid within 30 days after the employee's last day of work.**

Signed:

_____Date_____
Scholarship recipient

Return to:
Misty Zechman, Development Office
The Good Samaritan Health System
PO Box 1281
Lebanon, PA 17042