



SSMHealth.

Good Samaritan Hospital Foundation

Student Application Instructions for Dr. Jean M. Modert Scholarship

Purpose

Starting in the spring of 2021, the purpose of this scholarship is to encourage excellence with financial assistance to current students seeking a degree in a healthcare field, especially those pursuing careers in nursing and other allied health care professionals.

Who is Eligible?

To be eligible for the Dr. Jean M. Modert Scholarship, you must:

- ✓ Be a college student majoring in a health care program; a vocational student seeking an associate degree in a health care field; or a student seeking a post graduate degree in a health care field.
- ✓ Have permanent residence in Franklin, Hamilton, Jefferson, Marion, Perry, Washington, or Wayne counties for at least one (1) year prior to the application date or be a dependent of an SSM Health Illinois employee.
- ✓ Show proof of enrollment in an accredited technology center, junior college or degree granting institution, and show evidence of acceptance to an academic program of study in a health care field.
- ✓ Show proof of having completed at least one-half of an established curriculum or degree program, prior to receiving the funds.
- ✓ Hold a minimum of a 3.0 GPA or above, on a 4.0 GPA scale, or an equivalent rating on a comparative GPA scale.
- ✓ Complete all required application information by the application deadline of April 1.

Complete applications will include:

- A completed application form with all requested information attached.
- An original transcript in an official sealed envelope.
- Official verification of acceptance into a health professions academic program, or if you are currently enrolled in an academic program that meets the criteria of the scholarship guidelines, provide official verification of current enrollment in good standing.
- Completion of personal statement.
- At least one letter of reference from a school advisor, school instructor, financial aid counselor, work supervisor, or social service personnel.

How Much Can I Receive?

Scholarship amounts may vary with a minimum of a \$1000 allocation per year.

How Are Recipients Chosen?

A selection committee is comprised of members of the SSM Health Good Samaritan Foundation board of directors, administrative staff, and ex-officio. Applications will be screened for eligibility prior to being reviewed by the selection committee. Applicants will receive letters of acceptance, or denial of scholarships in early June.

How Do I Apply?

Application forms for the Dr. Jean M. Modert Scholarship are available, upon request, from the SSM Health Good Samaritan Hospital Foundation by calling (618)899-1048.

NOTE: It is the applicant's responsibility to ensure that all parts of the application are properly completed and delivered by the deadline date. Incomplete applications will not be considered. Mail all application materials to the SSM Health Good Samaritan Foundation - ATTN: Becky Pierce #1 Good Samaritan Way, Mt. Vernon, IL 62864.

Need More Information?

Contact: Becky Pierce at 618-899-1048 or email at Rebecca.pierce@ssmhealth.com



SSMHealth

St. Mary's Hospital Foundation

**Dr. Jean M. Modert Scholarship
Application**

Application Deadline - 4:00 p.m. April 1st

APPLICANT INFORMATION				
Last Name:		First Name:		Middle Initial:
Maiden Name/Other Names Used:			SSN#:	
Address:			Telephone (home): ()	
City:	State:	Zip:	County:	
E-mail:			Telephone (cell): ()	
How long have you lived at your address?				
Are you a dependent of a SSM Health Illinois Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you eligible to work in Illinois two years following graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn about this scholarship?				
PROGRAM TYPE				
Indicate the program in which you are enrolled in or to which you have been accepted				
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Nursing (LPN)	<input type="checkbox"/> Respiratory Therapist (RRT)		
<input type="checkbox"/> Clinical Social Worker	<input type="checkbox"/> Occupational Therapist (OT or OTR)	<input type="checkbox"/> Speech/Language Therapist		
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Pharmacist (Pharm.B or Pharm.D)	<input type="checkbox"/> Other Licensed and/or		
<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Physical Therapist (PT)	Registered Profession _____		
<input type="checkbox"/> Nursing (R.N.)	<input type="checkbox"/> Registered Radiologic Technologist (RT)	_____		
** PLEASE SUBMIT AN ORIGINAL TRANSCRIPT WITH THIS APPLICATION FOR EACH ** PRIOR ACADEMIC INSTITUTION ATTENDED. IF YOU HAVE A GED, INCLUDE THE ORIGINAL TRANSCRIPT WITH SIGNATURE.				
Circle the highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4				
High School Attended and Location:			Graduation Date:	
Technical/Vocational School Attended and Location:		Dates Attended:	Degree Earned:	
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:	

College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:
** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET. **			

ENROLLMENT VERIFICATION			
Name of School/College/Institution:		Address:	
Contact Person:	Title of Contact Person:	Telephone: ()	
Current Year in the Program:	Academic Year:	Program Start Date:	Cost per semester?

APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE TO AN ACADEMIC PROGRAM AND SHOW PROOF OF ENROLLMENT.

EMPLOYMENT		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Do you plan to remain with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name and address of employer:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Phone: ()

PERSONAL STATEMENT	
<p>On a separate sheet, submit a personal statement describing your commitment to provide health care in Illinois. This statement is not to exceed one single-spaced typewritten page. Please also attach a listing of extracurricular, community, volunteer or health care activities you have been involved with. <i>(It is important for the selection committee to have this information from all applicants.)</i></p>	
<p><u>APPLICATIONS MUST BE RECEIVED BY 4:00 P.M. CDT, April 1st.</u> INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. QUESTIONS REGARDING THE APPLICATION AND SELECTION PROCESS SHOULD BE DIRECTED TO THE SSM Health Good Samaritan Hospital Foundation at 618-899-1048 or email at Rebecca.Pierce@ssmhealth.com</p>	
<p><i>I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all funds will be used for educational-related expenses in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past, am currently enrolled or may be enrolled as a student in the future, to the SSM Health Good Samaritan Foundation.</i></p>	
Signature of Applicant:	Date:

NOTE: This student scholarship program is a competitive process, and only eligible applications will be evaluated. All eligible applications may not receive funding. The scholarship application must be completed in its entirety to be eligible for consideration.