



2023 SCHOLARSHIP ELIGIBILITY REQUIREMENTS

Student criteria:

- * A graduating high school senior in good academic standing within the hospital service area.
- * Major interest in pursuing a health care career/profession.
- * Acceptance by an accredited university or college offering educational opportunities in a health care field.

AS PART OF YOUR APPLICATION PACKET, PLEASE INCLUDE THE FOLLOWING DOCUMENTS:

1. Completed and signed application form.
2. Two (2) letters of reference from a teacher, counselor, employer, supervisor, or a minister. These letters should be sent directly to:

SSM Health Good Samaritan Hospital Auxiliary
Scholarship Committee
1 Good Samaritan Way
Mt. Vernon, Illinois 62864

2. A personal essay stating why you are interested in a particular health related career. Please include the health area that you are interested in. Include volunteer experience , employment experience, any healthcare certifications, and your dreams for the future.
3. A copy of your acceptance letter from the educational institution you will be attending.
4. An official copy of your high school transcript (seven semesters).

THE FOLLOWING SCHOLARSHIP APPLICATION AND SUPPORTING

2023 Good Samaritan Auxiliary Scholarship Application

**DOCUMENTS ARE DUE
IN THE AUXILIARY OFFICE
AT SSM HEALTH GOOD SAMARITAN HOSPITAL
1 GOOD SAMARITAN WAY
MT. VERNON, IL 62864
BY 5:00 P.M. MARCH 31, 2023.**

SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DATE/TIME/LOCATION of your high school's AWARDS EVENT _____

Are you a child or grandchild of a full time employee of SSM Good Samaritan Hospital or an Auxiliary member? Yes ___ No ___

Are you a child or grandchild of a retired employee or former Auxiliary member? Yes ___ No ___

EDUCATION/EXPERIENCE

Accumulated grade point average: _____

CONFIDENTIAL INFORMATION

Father's Name: _____

Father's Place of Employment: _____

Father's Occupation and Annual Income: _____

Mother's Name: _____

Mother's Place of Employment: _____

Mother's Occupation and Annual Income: _____

Number of dependents _____

Number attending college in 2023 _____

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Additional Information:

1. All applicants will be notified of their status as soon as possible after the entire process has been completed.
2. A Scholarship certificate will be presented at your high school awards event. Your scholarship check will be presented at the GSH Scholarship Banquet in late May, 2023.

**RELEASE OF INFORMATION
SCHOLARSHIP APPLICATION**

I hereby consent to the release of any/all requested information relevant to my 2022 SSM Health Good Samaritan Hospital scholarship application. Such information, in the sole judgment of the SSM Health Good Samaritan Auxiliary, may be used in evaluating my application. I hereby waive any confidentiality restrictions with respect to this information insofar as the SSM Health Good Samaritan Hospital Auxiliary is concerned. It is my understanding that the information I provide will be used solely for the evaluation of my scholarship application and for no other purpose.

Printed Name of Applicant

Signature of Applicant

Date Completed

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date Completed

cc: Applicant File