

# UNION HOSPITAL

## SERVICE LEAGUE

### *Margaret Carroll Scholarship*

*Application deadline: March 1, 2010*

*Submit applications to Volunteer Services Office.*

Scholarships are awarded only to children of Union Hospital Health Group employees who attend or plan to attend any Indiana school as a full time student. We require applicants to have a minimum GPA of 2.5 on a 4.0 scale or its equivalent for consideration. Please note the Indiana school you are planning to attend.

Name of Indiana College or University you will be attending: \_\_\_\_\_

Are you already accepted or registered at this school?      Yes              No

\*If accepted, please provide your school student identification number.

We ask that along with this application, you also submit the following:

\* Transcripts of all high school or college credits earned to date. These transcripts must also show your cumulative GPA. **Transcripts must be sent directly from the institution.**

\* Two letters of reference. One letter must be from an instructor or teacher who has taught you in an academic course. The other letter may be from a teacher, school administrator, or an adult acquaintance from the community who is not a family member and has known you for more than one year. Letters of recommendation **must** be mailed by the person making the recommendation, directly to the committee.

(Transcripts and reference letters are a very important part of the application. It will be difficult to seriously consider an applicant who does not submit this information.) Applicants may only accept one scholarship from the Union Hospital Health Group.

*Margaret Carroll Scholarship*  
*Application deadline: March 1<sup>st</sup>, 2010*

*I. General Information*

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Cell phone \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone at this address \_\_\_\_\_

Name of Mother \_\_\_\_\_

Place of Employment \_\_\_\_\_

Department \_\_\_\_\_ Number of years \_\_\_\_\_

Current Position \_\_\_\_\_ Work phone number \_\_\_\_\_

Name of Father \_\_\_\_\_

Place of Employment \_\_\_\_\_

Department \_\_\_\_\_ Number of years \_\_\_\_\_

Current Position \_\_\_\_\_ Work phone number \_\_\_\_\_

Total number of persons who are fully supported by the income(s) of these adults, according to federal income tax guidelines. \_\_\_\_\_

Please list all the people whom you have included in the previous question, give their relationship to you and, if he / she is a dependent child, include their age: (for example: Mom, Dad, brother-9yrs., sister-21yrs., grandmother, self)



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*Activities* (Please use an additional sheet, if necessary.)

| <i>Activity</i>                    | <i>Years of Participation</i> | <i>Avg. HRS / YR</i> | <i>Leadership positions held, Awards, Letters earned, Recognition, Etc.</i> |
|------------------------------------|-------------------------------|----------------------|---|
| Extra Curricular (name the school) |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
| Civic or non-school related        |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |
|                                    |                               |                      |   |

### III. Financial Information

List the paid employment that you have had during high school and college, if any. List the employer, your job title, and the number of hours worked per week. Please circle your current job.

Will you continue outside employment during college?      Yes      No

Have you applied for any financial aid for academic purposes?      Yes      No

To date, have you received any confirmed grants?      Yes      No

To date, have you received any confirmed scholarships?      Yes      No

If yes, please specify the source of the funds and whether it is in the form of a loan, grant or scholarship. Give amounts awarded.

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Do you have any brothers or sisters who are full time college students?      Yes      No

If yes, how many? \_\_\_\_\_

Do any of them receive any financial aid?      Yes      No

If yes, indicate total amount per student \_\_\_\_\_

Please indicate your parents combined adjusted gross income as filed in last year's federal income tax return.

|                     |                     |
|---------------------|---------------------|
| \$19,999 or less    | \$20,000 ó 39,999   |
| \$40,000 ó 59,000   | \$60,000 ó 79,999   |
| \$80,000 ó 99,999   | \$100,000 ó 124,999 |
| \$125,000 ó 150,000 | more than \$150,000 |

Have you filed a financial student aid form (FAFSA)?      Yes      No

If yes, do you give your permission to release the FAFSA information to the Service League of Union Hospital Margaret Carroll Scholarship Committee? Please indicate by signing below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I HEREBY APPLY FOR A MARGARET CARROLL ACADEMIC SCHOLARSHIP THROUGH THE SERVICE LEAGUE OF UNION HOSPITAL. I HAVE READ AND UNDERSTAND THE TERMS OF THE SCHOLARSHIP FUND POLICY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF UNION HOSP. HEALTH GRP. EMPLOYEE

\_\_\_\_\_  
DATE

**On a separate piece of paper please write a personal statement that is no more than one page in length. You may pick the topic. You could tell us about a meaningful experience, give us supportive information concerning your financial need for college experience, tell us about your goals for college or for your future, or describe your most significant personal characteristic. It is possible to touch on more than one idea but the best essays will be focused and concise. Try to choose a topic that will give the committee the best impression of what you are like as a person and supports why you deserve this award.**

*Margaret Carroll Scholarship*  
*DUE MARCH 1<sup>st</sup>*

*To the applicant:*

Fill out the top part of this form before giving it to your teacher or other adult for a reference.

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

*To whom it may concern:*

Thank you for agreeing to give a reference for this student to the Margaret Carroll Scholarship committee. Feel free to use this form or your own stationery to write your recommendation. Please be sure that the student's name and social security number is on the letter that you submit. Send your letter by March 1<sup>st</sup> to the committee addressed to:

*Margaret Carroll Scholarship Committee*  
*C/O Volunteer Services*  
*Union Hospital*  
*1606 N. 7<sup>th</sup> St.*  
*Terre Haute, IN 47804*

ALL INFORMATION IS DUE MARCH 1, 2010