



FOUNDATION

Scholarship Application 2010—2011 Academic Year

Incomplete applications will not be considered. If you have questions, call the Union Hospital Foundation at 812-238-7534.

Personal Information

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Marital Status: Married Single Gender: Male Female Date of Birth: _____

Are you a U.S. citizen? Yes No If no, please provide verification of your status according to the U.S. Naturalization and Immigration Service.

Parents' names: _____ Spouse name: _____

Enrollment Information

Provide the name and address of the college/university into which you have been accepted or are presently enrolled.

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree you are seeking (ex. Bachelor's Degree in Physical Therapy): _____

Date you began/will begin this curriculum (month/year): _____

Date you will graduate (month/year): _____

Relationship (check the appropriate category)

- A) _____ I am the son/daughter of an employee of Union Hospital or Union Hospital Clinton
- B) _____ I am an employee of Union Hospital or Union Hospital Clinton
- C) _____ I am **not** an employee or the son/daughter of a Union Hospital or Union Hospital Clinton employee

If you checked A, please indicate parent's name: _____
and department: _____

If you checked B, please indicate department: _____

A) _____ I will enter college as a Freshman in the Fall of 2010

OR

B) _____ I am currently enrolled in college

Education

Please complete the following information about your education.

For fall 2010
If you will be a:

_____ College Freshman
_____ Sophomore
_____ Junior _____ Senior
_____ Graduate Student

Provide the information requested
for these levels of your education:

_____ High School
_____ High School and College
_____ College
_____ College and any Graduate Education

Attach to this application official transcripts of the courses you have taken which correspond to the education levels you report below.

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates attended (from month/year to month/year): _____

Major or Degree: _____

Scholastic Honors: _____

Extracurricular or community activities, including leadership positions held: **(Attach a list if necessary)**

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates attended (from month/year to month/year): _____

Major or Degree: _____

Scholastic Honors: _____

Extracurricular or community activities, including leadership positions held: **(Attach a list if necessary)**

Graduate, vocational and/or continuing education programs completed:
(Include name of school, dates attended, and degree or course credit received)

Financial Information

A) Personal income for 2009 as reported on your W-2 form(s) of Income Tax Return:

\$ _____

Where will you live while attending college during the 2010-2011 academic year?

- On campus housing— residence hall, fraternity/sorority house, etc.
- Off campus housing— apartment
- Home with parent(s) or guardian(s)
- Other: explain _____

If you attended college for the 2009-2010 academic year, list all financial assistance (grants, scholarships, loans, etc.) received, including amounts:

_____ \$ _____

_____ \$ _____

_____ \$ _____

List all financial assistance (grants, scholarships, loans, etc.) you have been notified of or expect to receive for the 2010-2011 academic year, including amounts:

_____ \$ _____

_____ \$ _____

_____ \$ _____

If you will work while attending college indicate:

The number of hours you expect to work _____/week

Your estimated income from this job \$ _____

Answer the following questions, providing information that corresponds to your present situation

B) What was the adjusted gross income for 2009 of:

- Your parent(s) or guardian(s) if you are a dependent

OR

- Your household if you are not a dependent of your parent(s) or guardian(s) and if the amount is different than item A:

\$ _____

C) What is the total number of people living in your household, including yourself

_____ Parent(s) or guardian(s)

_____ Children

_____ Other: explain _____

D) Answer if applicable:

If other members of your household will be attending college during the 2010-2011 academic year, Indicate below:

Relation

College/University

Level of school (freshman, sophomore, etc.)

Application Checklist (All information is due by March 1, 2010)

- Completed 2010—2011 Scholarship Application form
- One or more letters of reference from someone (not a relative) who has known you for at least one year
- A copy of acceptance into degree program
- Narrative of 250 words or less describing why you are pursuing the degree and future career plans
- Official transcripts of courses taken which correspond to education levels reported
- Copy of financial aid award letter (if received yet)

Submit these items together to the Union Hospital Foundation office in the Lower Level of Union Hospital East or by mail at:

**Union Hospital Foundation
1606 North Seventh Street
Terre Haute, IN 47804**

Scholarship awards can be used only for the expenses of tuition, other academic fees and books.

Your Signature

I hereby apply for a Union Hospital Foundation Scholarship. I have read and understand the terms of the scholarship award. If I receive a scholarship, I agree to comply with the requirements of the award.

Signature

Date

