



TEMPE ST. LUKE'S HOSPITAL AUXILIARY SCHOLARSHIP GUIDELINES For 2009

TO SCHOLARSHIP APPLICANTS:

Before filling out the application form, please read the following:

I. ELIGIBILITY

- A. Any person who is a Maricopa County resident who intends to enroll or is enrolled as a full time student (12 or more hours) at an Arizona accredited college, university or technical school.
- B. Any person who is a Maricopa County resident who intends to enroll or is enrolled as a part-time student (6 or more hours) at an Arizona accredited college, university or technical school.
- C. The applicant must plan to pursue a health related career.
- D. In order to be eligible, an applicant must have a 3.0 GPA out of a possible 4.0.
- E. To be eligible, applicant must follow all specific instructions within this application. All applications must be **typed and signed** by the applicant, as well as other entities as indicated on the application. Incomplete applications **will not** be considered.
- F. Applications can be emailed to applicants upon request. To request application materials send your request to: **melee@asishealthcare.com**
- G. Persons who do not meet the criteria addressed in A through E above are not eligible to apply.

II. PERTINENT FACTS

- A. Auxiliary scholarships will be awarded based upon a student's scholastic achievement, health care volunteer activities, relevant work experience, school and community service and plan by the student to pursue a health related career.
- B. For full-time students, up to eight \$1,000.00 scholarships will be available and for part-time students, up to four \$500.00 scholarships will be available. One-half of the funds for fall semester and one half of funds for spring semester will be applied toward tuition, fees, and/or books and will be sent to the Financial Aid office of the institution designated by the scholarship recipient.
- C. If recipient drops out of school while the award is in effect, the balance of the scholarship must be returned to Tempe St. Luke's Hospital Auxiliary.

- D. Selection of recipients will be announced and formal presentations made at the annual Auxiliary Spring Luncheon in May.
- E. If awarded a scholarship, the recipient is required and responsible for submitting an official school transcript and schedule to the Auxiliary Scholarship Committee for the semesters that the scholarship is awarded. The deadline for the Spring Semester is January 31, 2010.

III. APPLICANT RESPONSIBILITIES

- A. Application must be completed on this form, a photocopy thereof, or through an emailed version of the application.
- B. Application must be printed on typewriter or computer. Handwritten or hand printed applications will not be accepted.
- C. Two current & dated personal reference letters must be attached to and sent in with this application. Reference letters from your most recent employer, counselor, instructor, volunteer director, club/activity advisor, community or church leader, **but not from family member**, are very helpful in assisting the committee in their selection of a recipient.
- D. To be considered for the Tempe St. Luke's Auxiliary Scholarship, enclose the following:
 - 1. Completed and signed application form
 - 2. Two current & dated letters of recommendation, not from a family member
 - 3. Current official transcript
 - 4. A 200 word or less, essay describing major field of interest and reason for applying for the scholarship.
 - 5. Verification of acceptance into an Arizona accredited school offering courses in the healthcare field.

Incomplete application packets will result in automatic disqualification.

The Scholarship Selection Committee *may* contact finalists for a personal interview in April 2009

All application information must be on this form and received by March 13, 2009

- IV. This scholarship is **NOT** automatically renewed. You may re-apply next year.

APPLICATION SHOULD BE SENT TO:

**Tempe St. Luke's Hospital
Scholarship Committee c/o Volunteer Services
1500 S. Mill Avenue
Tempe AZ 85281**

CHECK ONE:
_____ Full time (12+ hours)
_____ Part-time (6+ hours)

**TEMPE ST. LUKE'S HOSPITAL AUXILIARY
SCHOLARSHIP APPLICATION
2009**

**INFORMATION MUST BE TYPED ON THIS FORM ONLY.
DEADLINE: APPLICATIONS MUST BE RECEIVED BY MARCH 13, 2009**

PERSONAL DATA

1. NAME _____
BIRTHDATE _____ SOCIAL SECURITY # _____ # OF DEPENDENT CHILDREN _____
2. CURRENT ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ PHONE() _____
3. NAME OF PARENTS GUARDIAN SPOUSE _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ PHONE () _____

EDUCATIONAL BACKGROUND

4. NAME OF SCHOOL (Current or Last) _____
YEARS OF ATTENDANCE From: _____ To: _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ PHONE _____
5. SCHOLASTIC STANDING GPA _____
6. NAME OF SCHOOL YOU PLAN TO ATTEND IN THE FALL OF 2009
SCHOOL: _____
ADDRESS: _____

7. MAJOR _____

8. AREA OF EDUCATIONAL SPECIALIZATION _____

ACTIVITIES

9. VOLUNTEER ACTIVITIES

A. RELATED TO THE HEALTH CARE FIELD:

NAME OF AGENCY OR INSTITUTION _____

DATES: From _____ To: _____ TOTAL HOURS _____

SUPERVISOR'S SIGNATURE _____ **PHONE** _____

B. OTHER VOLUNTEER ACTIVITIES

NAME OF AGENCY OR INSTITUTION _____

DATES: From _____ To: _____ TOTAL HOURS _____

SUPERVISOR'S SIGNATURE _____ **PHONE** _____

10. COMMUNITY ACTIVITIES:

11. WHAT OTHER FINANCIAL AID OR SCHOLARSHIPS HAVE YOU RECEIVED FOR THE UPCOMING SEMESTER? WHAT IS THE VALUE OF EACH?

_____ VALUE _____

_____ VALUE _____

_____ VALUE _____

12. OTHER AWARDS, HONORS, ACTIVITIES AND /OR OFFICES HELD (HIGH SCHOOL, COLLEGE, COMMUNITY, CLUBS, ETC.)

WORK EXPERIENCE

13. LIST YOUR WORK HISTORY, HEALTH RELATED AND OTHER:

EMPLOYER	TITLE/DUTIES	DATES
_____	_____	FROM: _____ TO: _____
_____	_____	FROM: _____ TO: _____
_____	_____	FROM: _____ TO: _____

FINANCIAL NEED

14. GIVE AN ESTIMATE OF THE COST OF YOUR EDUCATION FOR THE COMING YEAR:

A. TUITION/BOOKS \$ _____

B. HOUSING \$ _____

15. PERCENTAGE OF EDUCATIONAL SUPPORT FROM:

A. FINANCIAL AID _____ %

B. SELF _____ %

C. SPOUSE _____ %

D. PARENTS _____ %

TOTAL _____ %

(MUST EQUAL 100%)

16. WILL YOU LIVE WITH YOUR PARENTS/GUARDIAN WHILE ATTENDING COLLEGE?

_____ YES _____ NO

PROFILE OF APPLICANT

17. WRITE A BRIEF ESSAY (200 WORDS OR LESS) DESCRIBING YOUR MAJOR FIELD OF INTEREST AND YOUR REASON FOR APPLYING FOR THIS SCHOLARSHIP.

PLEASE USE THE LAST PAGE OF THIS APPLICATION FORM TO COMPLETE THIS QUESTION. TYPE ONLY.

ATTEST

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER UNDERSTAND THAT FALSIFICATION OF INFORMATION WILL RESULT IN DISQUALIFICATION.

SIGNATURE OF APPLICANT _____

DATE _____

**PROFILE OF APPLICANT
(200 WORDS OR LESS)**



Scholarship Application Checklist

To assist you in meeting all of the scholarship application requirements, please verify that you have completed the following:

1. _____ Scholarship Application is typed.
2. _____ Scholarship Application is signed and dated by the applicant.
3. _____ Scholarship Application is signed by a Volunteer Supervisor, if applicable.
4. _____ I have attached an official school transcript.
5. _____ I have attached 2 current & dated letters of recommendation, that are **NOT** from a family member.
6. _____ I have submitted a 200-word essay, describing my major field of interest and why I am applying for the Tempe St. Luke's Auxiliary Scholarship.
7. _____ I have submitted proof of my acceptance into an Arizona accredited school offering courses in the healthcare field.