

**Applicant Name** \_\_\_\_\_

Last

First

**School (currently attending)** \_\_\_\_\_

## **ST. CATHERINE HOSPITAL AUXILIARY 2024-2025 SCHOLARSHIP APPLICATION**

All undergraduate scholarship applicants (17-22 years old).

The completed application and additional required documentation must be returned in a sealed envelope to St. Catherine Hospital: Attn: Gift Shop – Scholarship Application, 4321 Fir St., East Chicago, IN 46312, or you may drop off your application at our Gift Shop. Gift Shop hours are 11 am-3 pm Monday through Friday.

**The due date is Monday, May 20, 2024 at 3 pm;  
no exceptions.**

An incomplete packet will be disqualified upon receipt. Be certain to sign and date the last page of the application.

Application Checklist:

\_\_\_\_\_ **School transcripts** from your high school (including SAT/ACT scores) or college.

\_\_\_\_\_ Letter(s) of acceptance from the educational institution applicant is planning to attend (**high school applicants only.**)

\_\_\_\_\_ Two (2) letters of recommendation in support of your application: one (1) from a current instructor and one (1) from another source (church, employer, etc.); letters from relatives are not acceptable.

\_\_\_\_\_ A one (1) page typed essay of your goals in the healthcare field

\_\_\_\_\_ Your involvement in community service, work experiences and any honors or awards you have received

\_\_\_\_\_ A photocopy of the employee's/volunteer member's badge; this is applicable only for employees/Auxiliary members and/or their dependents (17-22 years old).

Any questions, please call the Auxiliary at 219-392-7035. (Applicants only)

# ST. CATHERINE HOSPITAL AUXILIARY SCHOLARSHIP

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State ZIP Code

Date of Birth: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

## COLLEGE/UNIVERSITY/TECHNICAL SCHOOL INFORMATION

List the top four schools you are considering:	Have you received official notification of acceptance?	Scholarships/financial aid offered from each school (if known at this time)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other outside scholarship(s) you have received or expect to receive (if known at this time):

Name/Source of Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name/Source of Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name/Source of Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Full-Time Student? \_\_\_\_\_ Yes \_\_\_\_\_ No If "no," how many credit hours \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Name: \_\_\_\_\_

**HIGH SCHOOL APPLICANTS ONLY**

**SCHOOL ACTIVITIES:**

Grade(s)	School Activities/Clubs/Academic Teams	Leadership Positions/Awards
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grade(s)	Athletics	Letters/Awards
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK EXPERIENCE:**

Grade(s)	Work Experience/Employer	# Hours Worked Per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COMMUNITY/RELIGIOUS ACTIVITIES:**

Grade(s)	Community or Religious Activity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name: \_\_\_\_\_

**COLLEGE APPLICANTS ONLY**

**CAMPUS ACTIVITIES:**

Year	Campus Event/Function
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**WORK EXPERIENCE:**

Year	Work Experience/Employer	# Hours Worked Per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COMMUNITY/RELIGIOUS ACTIVITIES:**

Year	Community or Religious Activity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will it be necessary for you to work while pursuing a higher education? \_\_\_\_\_

If yes, approximately how many hours do you anticipate working per week? \_\_\_\_\_

**Please note:**

All scholarship funds must be used during the current school year; any unused funds will be placed back into the scholarship fund account and will be unavailable for distribution.

In order to receive the second scholarship distribution check, your **school transcripts** current grades (GPA 3.0 or better), proof of enrollment of your next semester's classes and letter verifying completion of your required (10) volunteer hours must be received in a sealed envelope by Jan. 31, 2024, as indicated in the scholarship guidelines.

**CERTIFICATION**

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge. Furthermore, I authorize St. Catherine Hospital to use this information for public relations and marketing purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if applicant is under 18)

\_\_\_\_\_  
Date

If you may have any questions/concerns, only the applicant may contact the Scholarship Committee at 219-392-7035.

**FOR OFFICE USE ONLY**

<b>Completed Application Received:</b>	_____	_____
	Date	Signature
<b>Incomplete Application Received:</b>	_____	_____
	Date	Signature