

— Scholarships —

Offered by

UNION HOSPITAL
FOUNDATION

For Students seeking careers in Healthcare:

Nursing

Physical Therapy

Occupational Therapy

Respiratory Therapy

Also,

Employees,

or their children,

of

Union Hospital &

West Central Community Hospital

Hospice of the Wabash Valley

Scholarships for Nursing Students

- **The Dr. C.N. Combs Memorial Nursing Scholarship**
This scholarship will be awarded to a nursing student attending Indiana State University.
- **The Wanita I. & Ernest E. Hinshaw Nursing Education Fund**
This scholarship will be awarded to a nursing student. Those eligible include nurses studying for graduate degrees such as Family Nurse Practitioner.
- **The Gertrude and Ralph Horton Grants-in-Aid for Nursing Education**
- **The Mary Kay Holvey-Aust Nursing Scholarship**
This scholarship will be awarded to a nursing student attending Indiana State University.
- **The Gladys N. Marvel, R.N. and Cecil B. Marvel Memorial Nursing Scholarship**
- **The Amanda Pugh Memorial Nursing Scholarship**
This scholarship will be awarded to a nursing student attending Indiana State University.

Up to 7 scholarships will be awarded for the 2009-2010 academic year.

Scholarships for Health Careers

Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy

- **The John C. Figg and Jennie Figg Health Careers Scholarship**
- **The Eleanor N. Royse Health Careers Scholarship**
- **The Century Club Health Careers Scholarship**

Up to 4 scholarships will be awarded for the 2009-2010 academic year.

Eligibility

To be eligible for a Union Hospital Foundation Scholarship an applicant must:

- Be enrolled in or accepted into an accredited health care degree program at a college or university.
- Have a minimum cumulative grade point average of 3.0 or better, if the applicant has completed one or more semesters of study at a college or university.
- Demonstrate financial need

Requirements of Scholarship Recipients

A recipient of a Union Hospital Foundation scholarship must fulfill the following requirements during the academic year for which the student receives the scholarship:

- Remain enrolled in an accredited health care degree program.
- Maintain the status of a full-time student, minimum of 12 credit hours per semester or the equivalent.
- Maintain a minimum cumulative grade point average of a 3.0 on a 4.0 scale or the equivalent.

To Apply

Complete an application for the Union Hospital Foundation Scholarships. Return it by **March 2, 2009** to:

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

Scholarship Application forms are also available online at
www.unionhospitalfoundation.org.

Call (812) 238-7534 for application forms and further information.

Students from the Wabash Valley will be given first consideration for these scholarships.

Students not attending for a full academic year do not need to apply.

More scholarships on back.

Scholarships for Employees and/or Children of Employees

- **The Frank & Linda Shelton Scholarship**

For employees of Union Hospital Health Group or their children.

First consideration for this scholarship will be given to an applicant who meets one of the following criteria:

A student enrolled in or accepted to a Master's Degree in Health care Administration at an accredited program,

A student enrolled in the BA/MD program at Indiana State University,

OR

A student enrolled in the Family Nurse Practitioner program at Indiana State University.

- **The Union Hospital Foundation Academic Scholarships**

For employees of UH or WCCH, or their children.

Up to 6 scholarships will be awarded for the 2009-2010 academic year.

- **Donna Hux Scholarship for Hospice**

This scholarship will be awarded to employees of Hospice of the Wabash Valley who are pursuing further education in a qualified field of health care or the children of Hospice of the Wabash Valley care giving staff.

Eligibility and Requirements of Scholarship Recipients remain the same as those listed on the preceding page, **except** students who qualify for the Shelton or UHF Academic Scholarships are not required to enroll in a nursing or other health care degree.

UNION HOSPITAL
FOUNDATION

1606 North Seventh Street

Terre Haute, IN 47804

812-238-7534

www.unionhospitalfoundation.org

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SCHOLARSHIP APPLICATION 2009-2010 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
<small>(street or box)</small>			
Phone Number ()	Can be reached at this address: From		To
Address while attending college if different than home address			
	City	State	Zip
<small>(street or box)</small>			
Phone Number ()	Can be reached at this address: From		To
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <i>(Example: Bachelor's Degree in Physical Therapy)</i>			
Date you began/will begin this curriculum (month/year):			
Date you will graduate (month/year):			

OTHER REQUIRED INFORMATION

<p>Please submit with this application the following:</p> <ul style="list-style-type: none"> ■ One or more letters of reference from people who are not relatives and have known you for at least one year. ■ A narrative of 250 words or less in which you describe why you are pursuing the degree you've chosen and your career plans upon achieving your degree. 	<ul style="list-style-type: none"> ■ Attach a copy of your notice of acceptance into the degree program. ■ A completed Financial Information Form. ■ Official transcripts of the courses you have taken which correspond to the education levels you report on the back.
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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

EDUCATION

Please complete the following information about your education.

**For fall 2009
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):

UNION HOSPITAL
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**Scholarship Application
Financial Information**

Provide the information requested on this form and submit with the 2009-2010 Union Hospital Foundation Scholarship application.

Include a copy of your financial aid award letter from your college/university if you have received it.

Provide the following information about yourself.

A.

1. What was your personal income for 2008 as reported on your W-2 form(s) or Income Tax Return:

\$ _____

2. Where will you live while attending college during the 2009-2010 academic year?

- On campus housing -- residence hall, etc.
 Off campus housing -- apartment, etc.
 At home with parent(s) or guardian(s)
 Other, explain _____

3. If you attended college for the 2008-2009 academic year, list all financial assistance (grants, scholarships, loans, etc.) received, including amounts:

_____	\$ _____
_____	_____
_____	_____
_____	_____

4. List all financial assistance (grants, scholarships, loans, etc.) you have been notified of or expect to receive for the 2009-2010 academic year:

_____	\$ _____
_____	_____
_____	_____
_____	_____

5. If you will work while attending college indicate:

The number of hours you expect to work per week _____

Your estimated income from this job: \$ _____
(indicate the pay period: weekly,
every two weeks, monthly, etc.)

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

B. What was the adjusted gross income for 2008 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 guardians(s) and if the amount is different than item A.1.:

\$ _____

C. What is the total number of people living in your household including yourself:

___ Parent(s) or guardian(s)

___ Children

___ Other, explain _____

D. Answer this question if applicable.

If other members of your household will be attending college during the 2009-2010 academic year, indicate for each:

Who (sibling, parent, etc.)

The college

The level of school (freshman, sophomore, etc.)
