

MINORITY HEALTH CARE
SCHOLARSHIP PROGRAM
APPLICATION

Please check below the highest academic level completed and list current grade point average (GPA):

(Please submit a copy of your high school or most recent college transcript.)

Current Academic Level:

High School: Senior

College: 1st year 2nd year 3rd year

Current Grade Point Average: _____

Please list the name of the school you wish to attend with this scholarship:

Have you applied for college admission: yes no

(If no, you are encouraged to start the admissions process immediately. Scholarship award is contingent on college admission.)

Have you been accepted for college admission: yes no

Please list any honors and awards received. (high school and college)

Please list any extracurricular activities. (High school or college)

(Offices held, band, sports, clubs, community service, volunteer work, scouts, etc.)

MINORITY HEALTH CARE
SCHOLARSHIP PROGRAM
APPLICATION

Briefly explain why a scholarship should be awarded to you, your plans for working in the health care field, along with your needs for financial assistance. Please use the back if necessary.

MINORITY HEALTH CARE
SCHOLARSHIP PROGRAM
APPLICATION

EMPLOYMENT INFORMATION

Please list all jobs held whether paid or volunteer work. (Attach an additional sheet if necessary.)

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Dates: _____ to _____

Duties: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Dates: _____ to _____

Duties: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Dates: _____ to _____

Duties: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Dates: _____ to _____

Duties: _____

Recommendations List

Please *include three letters of recommendation* with your application form and include the names of the individuals providing references below. If you are unable to include the letters of recommendation with your application, please request to have the references mailed or faxed to Human Resources 608-258-6327 by March 1st.

| | |
|------|---------------------|
| Name | Relationship to you |
| Name | Relationship to you |
| Name | Relationship to you |

MINORITY HEALTH CARE
SCHOLARSHIP PROGRAM
APPLICATION

I certify that the information included in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

ST. MARY'S HOSPITAL
 HUMAN RESOURCES DEPARTMENT
 707 S. Mills Street
 Madison, WI 53715
 (608) 259-5566 / 800-236-6101
 Fax (608) 258-6327

**MINORITY HEALTH CARE
 SCHOLARSHIP PROGRAM**

**Analysis of Student's
 Financial Status**

| | | | |
|----------------------------|-------------------|----------------------------|-------------------------------|
| <i>Student's Last Name</i> | <i>First Name</i> | <i>Middle Name/Initial</i> | <i>Social Security Number</i> |
|----------------------------|-------------------|----------------------------|-------------------------------|

A. Exemption Status

Were you claimed as an exemption by your parents
 on their last income tax return? _____

Yes No

**If you answered "yes" please include parents' and your income in Part B.
 If you answered "no" to the above question, please include only your income and your spouse's
 income (if applicable) in Part B.**

B. Sources of Support

1. Total adjusted gross income from last year's tax form or
 this year's if available. \$ _____

2. Non-taxable income (i.e., AFDC, Social Security Benefits,
 child support, other assistance for tuition, books, childcare). \$ _____

3. List other financial scholarships or awards. \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

4. Value of bank accounts and other investments. \$ _____

5. Number of children claimed on your parents' tax return. \$ _____

6. Unusual medical/dental expenses **which exceed** \$2,000 for
 the last year which were not covered by insurance. \$ _____

C. Family Information

1. Is applicant a single parent with custody of child(ren)? _____
If yes, number of child(ren)? Yes No

2. If married student with child(ren), number of children _____

3. Number in family that will be attending college in the
 current school year. _____

D. If there is any unusual circumstances, please explain: (Please use the back if necessary.)

ST. MARY'S HOSPITAL
HUMAN RESOURCES DEPARTMENT
707 S. Mills Street
Madison, WI 53715
(608) 259-5566 / 800-236-6101
Fax (608) 258-6327

**MINORITY HEALTH CARE
SCHOLARSHIP PROGRAM**

APPLICANT FLOW DATA

EQUAL EMPLOYMENT OPPORTUNITY

St. Mary's Hospital is an Affirmative Action/Equal Opportunity Employer. As such, we invite you to provide the following information. Completion of each item is voluntary and responses will be kept confidential. This information for the scholarship program is used for record keeping purposes. Refusing to provide the information will not result in adverse treatment.

Name: _____

Academic Major: _____

Sex: Female
 Male

Race:

- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the 6 races below.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

