

**FRANCISCAN HEALTH CROWN POINT MEDICAL STAFF
HEALTH CARE PROVIDER SCHOLARSHIP**

2024 SCHOLARSHIP APPLICATION

TERMS OF SCHOLARSHIP:

\$1,000.00 - renewable for one year with proof of GPA and continued enrollment

DIRECTIONS FOR COMPLETION:

1. Meet the following eligibility requirements:
 - a) Applicant must have or be nearing completion of a high school diploma or GED and be applying for post high school education in a ***health care related field***.
 - b) Applicant must have a Crown Point mailing address or address within Franciscan Health Crown Point primary service area (Southern Lake, Northern Newton and Jasper, Western Porter counties).
 - c) Applicant must plan to use the scholarship at an accredited college or university or at a technical or vocational school.
 - d) Applicant must plan to enroll as a full-time or part-time student for the upcoming school year.
2. The Guidance Department of applicant's high school must complete section III of this application if applicable. **Transcripts must be provided.**
3. Attach Essay from Section VII to application.
4. Direct any questions to Cathy Duda, Medical Staff Coordinator, at 219-757-6156 or email cathleen.duda@franciscanalliance.org.
5. The application must be submitted to the Medical Staff Office by Friday, **April 26, 2024**. **Any late applications will not be accepted.**
6. Mail completed application to:

**Franciscan Health Crown Point
Medical Staff Office – 3rd Floor
12750 St Francis Dr
Crown Point, IN 46307**

**FRANCISCAN HEALTH CROWN POINT MEDICAL STAFF
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I. DEMOGRAPHIC DATA AND VERIFICATION

Name _____

Address _____

Phone _____

Email Address _____

Current High School _____

Scholarship desired: (circle one) College or University Vocational or Technical

Intended College/Vocational School Name and Location: _____

I hereby affirm that the information provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature _____ *Date* _____

Parent/Guardian Signature _____ *Date* _____

Verification of Section III completion and accuracy by Guidance Department:

Signature _____ *Date* _____

Title _____

II. EMPLOYMENT HISTORY (*Include any steady babysitting/child-care jobs) **None** _____

<u>GRADE LEVEL</u>	<u>HOURS WORKED PER WEEK</u>	<u>LOCATION</u>
Freshman	Summer _____ School year _____	_____
Sophomore	Summer _____ School year _____	_____
Junior	Summer _____ School year _____	_____
Senior	Summer _____ School year _____	_____
Work-Study	Summer _____ School year _____	_____

III. ACADEMICS

(This section to be completed by the Guidance Department at your school)
Provide transcripts for any post high school education already received.

Current **GPA** _____ (Minimum C Average or Above)

SAT Scores Math _____ English _____

ACT Score _____

Total high school **Credit Hours Earned** (anticipated) _____

Anticipated Diploma

General _____ *Core 40* _____ *Honors Diploma* _____ *GED* _____

Honors Classes

AP Classes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IV. EXTRA-CURRICULAR SCHOOL ACTIVITIES

(i.e.: Clubs, Sports, Drama, Band, etc.)

Activity	Year	Leadership Position Held
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____

Comments: _____

V. ACTIVITIES NOT RELATED TO SCHOOL

(i.e.: Church, Community Clubs, Community Service, etc.)

Activity	Year	Leadership Position Held
_____	9 10 11 12 Other	_____
_____	9 10 11 12 Other	_____
_____	9 10 11 12 Other	_____
_____	9 10 11 12 Other	_____
_____	9 10 11 12 Other	_____
_____	9 10 11 12 Other	_____

Comments: _____

VI. AWARDS AND RECOGNITION

Award or Recognition	Date Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VII. IN 300 WORDS OR LESS, PLEASE ANSWER “ALL” OF THE FOLLOWING QUESTIONS:

(Please use a separate sheet of paper and attach to application.)

Why have you chosen the health care field for your future profession?

What events in your life have helped shape your decision?

Why do you feel that you deserve this scholarship?

~~~~~Thank you for your participation and good luck! ~~~~~