

## **GENERAL SCHOLARSHIP APPLICATION**

This application allows you to apply for funded Henry County Hospital Foundation scholarships listed on the attached sheet. **By completing this one application form you are applying for money from any or all of the funds available.** The scholarships are available to **Henry County residents and students** interested in pursuing health careers. Awards of \$500 are not repayable; scholarships received while in clinical studies do require a commitment to work for the hospital. **You must submit all required parts of the application to be considered by the scholarship committee.** The parts are as follows:

- 1. A completed copy of the scholarship application (3 pages).**
- 2. Obtain a copy of your high school transcript of credits with SAT scores. Please include college grades if applicable.**
- 3. Include a copy of the letter(s) of acceptance from the school(s) of choice and date(s) of entry.**
- 4. Obtain three copies of the Recommendation Form from individuals other than relatives.**
- 5. Enclose a recent photo of yourself.**

Send the completed scholarship application and the required information to: Henry Community Health, 1000 N. 16<sup>th</sup> Street, New Castle, IN 47362, Attn: Administration – Scholarship Committee. **The application must be postmarked no later than April 1.**

## SCHOLARSHIPS AVAILABLE

**Alice Catherine Ratcliffe Memorial** was made available by the Henry County Hospital Board of Trustees, from moneys left the hospital by the late Catherine Ratcliffe. She was a teacher at New Castle High School for many years, and the Board felt a sum set aside from her bequest for education would be an appropriate use of her generous gift. This scholarship is for \$5,000 and is renewable for one year as long as student meets educational requirements of scholarship. Students must also agree to work at Henry County Hospital one year for each year they receive the assistance.

**Sylvira Flanagan Koons Memorial** was made available in memory of a woman who was one of the founders of the Hospital Auxiliary Gift Shop and the Auxiliary Scholarship committee. She was very dedicated in her efforts to benefit the Hospital in any way possible. Through the scholarships she continues to touch lives and help others. This award is granted to a student pursuing a degree in nursing, and it is a one-time \$500 award.

**LaVaughn Bailey Memorial** was made available by family and friends in remembrance of a woman who was a Red Cross Volunteer, active in First Nighters and a well-known seamstress in the community. This is a one-time \$500 award.

**Ralph Bunner Memorial** is a one-time award given for academic excellence in the amount of \$500. Mr. Bunner was a Board member of Henry County Hospital who strongly supported the scholarship program.

**James & Kathleen Leakey Memorial** is a one-time award in the amount of \$500 given to a graduate who plans to pursue or is pursuing a degree in Nursing with preference to a Tri High student.

**HCH Foundation Scholarship** was organized to benefit Henry County Hospital. The selected recipients are nursing students entering the clinical portion of their nurse's training. The award is \$2,000 per year and is renewable for one year as long as student meets educational requirements of scholarship. Students must also agree to work at Henry County Hospital one year for each year they receive the assistance.

**Gordon Sparks Scholarship** became available through a trust fund set up by Mr. Sparks in his last will and testament. He has stipulated that two \$2,000 scholarships be given annually by the Board to nursing students as long as student meets educational requirements of scholarship. These scholarship recipients will be selected from students entering the clinical portion of their nurse's training. Students must also agree to work at Henry County Hospital one year for each year they receive the assistance.

# GENERAL SCHOLARSHIP APPLICATION

Name of the scholarship for which you are applying: HENRY COUNTY HEALTH CAREERS SCHOLARSHIPS

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

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Name of Parent/Guardian  
**(if in high school)** \_\_\_\_\_

Name of University, College, or Vo-tech School: \_\_\_\_\_

Address of the School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College/University     Community College     Vo-Tech     Accredited?     Yes     No

Enrolled:     Full time     Half Time or More     Less Than Half Time

Study Major: \_\_\_\_\_

Study Minor: \_\_\_\_\_

Prospective College Graduation Date: \_\_\_\_\_

\*\*A scholarship of \$2,000 or more could require a work committment with Henry Community Health upon completion of your degree. Would you accept a scholarship with a work committment?

YES     NO

**IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.**

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

Parent/Guardian Signature:  
**(if in high school)** \_\_\_\_\_



**GENERAL SCHOLARSHIP APPLICATION  
FINANCIAL ASSISTANCE QUESTIONNAIRE  
SELF or PARENT INFORMATION (if in high school)**

Income, expense, and asset data for the last calendar year. Parent must indicate where info is from:

A completed tax return (IRS Form 1040 filing date April 15) has been filed for this year?  Yes  No

Estimates based on current income information to be filed this year?  Yes  No

1. Adjusted gross income = \_\_\_\_\_
2. Total US income tax paid = \_\_\_\_\_
3. Income earned by self/father = \_\_\_\_\_
4. Income earned by spouse/mother = \_\_\_\_\_
5. Untaxed income and benefits: i.e. Social Security, AFDC, ADC, etc. = \_\_\_\_\_
6. Medical/Dental expenses not paid by insurance = \_\_\_\_\_
7. Cash, savings, bonds, stocks, checking accounts, certificates of deposit, notes, etc. = \_\_\_\_\_
8. Total number of exemptions = \_\_\_\_\_
9. Student's savings = \_\_\_\_\_
10. Other grants or scholarships already awarded = \_\_\_\_\_

The student or parent's (if student is still in high school) current marital status is:  single  married  
 separated  divorced  widowed

What is the total number of family members who will be attending a post-secondary school at least 1/2 of the time during the next school year, including applicant? \_\_\_\_\_

List ages of siblings (if applicant is in high school - no names) \_\_\_\_\_

Please report any unusual family or personal circumstances that you feel warrant attention:

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# GENERAL SCHOLARSHIP APPLICATION RECOMMENDATION FORM

Name of Scholarship: HENRY COUNTY HEALTH CAREERS SCHOLARSHIPS

Student's Name: \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

Numbers 1 through 4 must be completed. A letter of recommendation that answers the questions in 5 through 7 may replace those questions. ***Sign and date the bottom of this form.***

1. The applicant's choice of post-secondary education program is:

- Very appropriate     Appropriate     Not Appropriate

2. The applicant's achievements reflect his/her ability:

- Very Well     Well     Not Well

3. The applicant's ability to set realistic goals is:

- Very Well     Well     Not Well

4. The applicant's commitment to school and community is:

- Excellent     Good     Fair     Poor

5. Are there unique factors that make this applicant especially worthy of receiving this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please comment on the applicant's future potential:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Any additional information that should be added that would help evaluate the applicant? Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM NO LATER THAN **APRIL 1** TO: HENRY COMMUNITY HEALTH, 1000 N. 16<sup>TH</sup> ST., NEW CASTLE, IN 47362, ATTN: ADMINISTRATION – SCHOLARSHIP COMMITTEE

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_