

DEARBORN COUNTY HOSPITAL FOUNDATION HIGH SCHOOL SENIOR SCHOLARSHIP PROGRAM REQUIREMENTS

The Dearborn County Hospital Foundation High School Senior Scholarship Program offers \$500 scholarships to qualifying individuals interested in pursuing careers in the healthcare field.

APPLICANT CRITERIA

1. Current high school seniors who reside in the following counties and/or who will be graduating this spring from high schools in the following counties may apply: Dearborn, Ohio, Ripley, Switzerland or Franklin.
2. High school seniors who apply must already be accepted to accredited schools and have confirmed plans to pursue healthcare majors. The choice of, and admission to an approved school, is the sole responsibility of the applicant.
3. All applicants must be classified as full time students, per the requirements of their chosen institution for the 2010-2011 school year.
4. An applicant must furnish a current year income tax return (your own and your parents' or guardians' if you are listed as a dependent on their return).
5. All applications must be completed fully and postmarked or returned to the Foundation Office by **Friday, April 16, 2010**, to be eligible for consideration.
6. Scholarship applications will be reviewed annually by the Foundation Scholarship Committee.
7. Scholarships will be awarded at the Foundation's Annual Scholarship Banquet to be held during the summer.

GENERAL PROVISIONS FOR THE SCHOLARSHIP

1. Money received from the Foundation for the High School Senior Scholarship program will be in the form of a Scholarship.
2. Scholarships will be awarded based on the projected needs of the hospital, scholastic performance, extracurricular activities and individual and/or family financial needs. Students are permitted to receive other forms of assistance or other scholarships.
3. Each scholarship is for \$500 and is considered a gift. Scholarships are not repayable nor are they renewable.
4. Scholarship money will be awarded by check to the student for payment to the school. The scholarship is for one year only. If the student changes majors, schools or decides not to attend school for the 2010-2011 school year, they must contact the Foundation Office. The student may or may not maintain their eligibility for the scholarship.

**DEARBORN COUNTY HOSPITAL FOUNDATION
APPLICATION FOR HIGH SCHOOL SENIOR SCHOLARSHIP**

To be eligible for consideration for a Scholarship from the Dearborn County Hospital Foundation, please complete the attached application thoroughly and accurately. Please review and return the checklist below with your application to ensure you have included all the required information.

<u>I have included:</u>	<u>Included</u>
1. A completed Scholarship application <i>(Don't forget to include your essay - Section #10)</i>	[]
2. A copy of your 2009 income tax return	[]
3. A copy of your parents' or guardians' 2009 income tax return if you are listed as a dependent	[]
4. A copy of your high school transcript	[]
5. A copy of your college acceptance letter	[]

Please return this completed information sheet with your application.

If you have any questions or need additional information, please contact the Dearborn County Hospital Community Relations Office at 812-537-8190 or 800-676-5572, ext. 8190, during normal business hours. For your convenience, 24-hour voice mail is available for messages.

Failure to return this completed application with supporting documentation postmarked no later than **Friday, April 16, 2010**, and as requested above, will result in ineligibility for consideration of a Scholarship from the Dearborn County Hospital Foundation.

Thank you for your interest in the DCH Foundation High School Senior Scholarship Program and good luck in your educational endeavors.

**Board of Directors
Dearborn County Hospital Foundation
600 Wilson Creek Road
Lawrenceburg, Indiana 47025**

**DEARBORN COUNTY HOSPITAL FOUNDATION
APPLICATION FOR HIGH SCHOOL SENIOR SCHOLARSHIP**

(1) APPLICANT PROFILE

Name _____
(Last) (First) (M.I.) (Maiden)

Home Address _____
(Street)

(City) (State) (County) (Zip)

Age _____

Home Phone _____ Cell Phone _____

Work Phone _____

Are you a High School Senior graduating in the spring of this year? Y N

Name of High School _____ G.P.A. _____

Have you been accepted to a college or accredited school? Y N

If Yes, your start date _____ Is your acceptance conditional? Y N

(2) COLLEGE OR ACCREDITED INSTITUTION INFORMATION

Name of school/college _____

Complete address _____

Declared field of study (Examples: Pre-Physical Therapy, Pre-Med, B.S./Nursing, etc.) _____

Complete name of program _____

Is this program accredited for your field of study? Y N

If not, explain why _____

Have you been accepted into this program? Y N

What degree will you hold when this program is completed? _____

Number of years to complete this program _____

What is your expected graduation date? Month _____ Year _____

Will you be a Full Time Student during the 2010-2011 school year? Y N

Are you currently employed by Dearborn County Hospital? Y N

If Yes, what department? _____ FT PT

Are you interested in possible employment at Dearborn County Hospital
after you graduate in your selected field of study? Y N

(3) FAMILY INFORMATION (Dependent Applicants)

Father's Name _____ Occupation _____

Address _____ Phone _____

Mother's Name _____ Occupation _____

Address _____ Phone _____

Parents' Dependents, other than yourself:

Name _____ Age _____ School _____ In College? Y N Yr: _____

Name _____ Age _____ School _____ In College? Y N Yr: _____

Name _____ Age _____ School _____ In College? Y N Yr: _____

(4) FOR MARRIED OR SINGLE APPLICANTS (Self-Supporting Applicants)

Are you self-supporting? Y N

If Yes, complete the following:

Are you: Single Married Divorced

Spouse's Name (if applicable) _____

Spouse's Occupation/Employer _____

List any Dependents:

_____/_____/_____

Name Relationship Age

_____/_____/_____

Name Relationship Age

(5) INDICATE ALL SOURCES OF FINANCIAL SUPPORT

Mother _____ Father _____ Spouse _____ Self _____

Other _____ (Explain) _____

Will you be working to help meet your expenses while in school? Y N FT _____ PT _____

(Explain) _____

Will you receive other scholarships, grants and/or loans? Y N (Please list including amounts on separate page.)

(6) EMPLOYMENT HISTORY

_____/_____/_____

Employer's Name From To Position

_____/_____/_____

Employer's Name From To Position

_____/_____/_____

Employer's Name From To Position

(7) HIGH SCHOOL SCHOLASTIC HONORS RECEIVED

(8) HIGH SCHOOL ACTIVITY DATA

Please list all extracurricular activities in which you have participated during high school including any offices held, special honors and the number of years of participation: *(Use a separate piece of paper if necessary)*

(9) REFERENCES

Please list the names of three people who you know well (*not relatives or classmates*) preferably an instructor, employer or business person.

1) _____
Name *Address*

Occupation *Phone Number*

2) _____
Name *Address*

Occupation *Phone Number*

3) _____
Name *Address*

Occupation *Phone Number*

(10) STATEMENT

On a separate piece of paper, in 100 words or less, please explain your purpose for requesting financial assistance and why you have chosen to pursue a career in a healthcare profession. Please type your statement.

(11) ACKNOWLEDGMENTS

The Dearborn County Hospital Foundation supports the principle of equal opportunity and makes scholarship decisions without regard to race, color, religion, sex, age, national origin, ancestry or disability. The Dearborn County Hospital Foundation annually reviews the feasibility of the High School Senior Scholarship Program and whether or not it adequately supports the needs of Dearborn County Hospital. The Foundation is under no obligation to continue this program, if it is determined it does not meet this requirement.

Please read carefully and sign indicating your understanding.

I certify that I have read and understand all statements on this Scholarship Application and that my answers and statements are true and complete. I hereby grant permission to the Dearborn County Hospital Foundation to contact my past and current educational institutions, employers, parents/guardians and personal references to verify information I have provided and to solicit and secure other information which may be required to determine the merit of my application.

I hereby authorize any schools I have attended to furnish their records or transcripts of my grades, honors, achievements, class standing, teacher's evaluations and test results, together with all information they may have concerning me whether on record or not.

I hereby release and hold harmless all parties and persons connected with any request/release of education, employment, or other information, now or in the future, from any and all claims, liabilities, causes of action, damages and expenses of any kind for whatever reason arising out of the furnishing of information.

Applicant's Signature

Date

Parent or Guardian's Signature

Date