



## SCHOLARSHIP APPLICATION

Scholarship applications will be reviewed biyearly. Late or incomplete applications will NOT be considered. **Deadline: March 1 and October 1**

**\*Applicant must reside or originally be from the 11 counties Good Samaritan serves.**  
**Indiana: Knox, Daviess, Pike, Greene, Martin, Sullivan and Gibson Counties**  
**Illinois: Lawrence, Wabash, Crawford and Richland Counties**

**\*Applications are evaluated on academic achievement, financial need, leadership skills, and community service, considering factors such as grades, financial background, leadership roles, and involvement in community activities.**

Please submit this application with the following:

- Three (3) letters of reference: an academic reference and two additional letters of recommendation from your pastor, colleagues, professional peers, etc.
- In an essay of at least 250 words, describe why you have chosen your specific degree, particularly focusing on how you envision your future role at Good Samartain.
- Copy of your notice of acceptance into degree program or conference information.
- Official copies of high school OR college / university transcripts.

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(City) (State) (Zip Code)

**Address While In School:** \_\_\_\_\_  
(City) (State) (Zip Code)

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Marital Status:**  Single  Married **Gender:**  Male  Female

**Spouse's Name:** \_\_\_\_\_

***Please select the scholarship(s) you are applying for from the list below.***  
***(One application is all that is necessary, even if applying for more than one scholarship.)***

- Gloria Van Eaton Memorial Scholarship
- Chris and Laura Nardine Memorial Scholarship
- The Beacons of Excellence Scholarship
- Nursing and Allied Health Care Scholarship
- Good Samaritan Physician Legacy Scholarship
- The Matt Bowman Memorial Scholarship

SCHOLARSHIP	CRITERIA
Gloria Van Eaton Memorial Scholarship	<p>This scholarship is awarded to a student who will attend Vincennes University (VU) in a health care related field of study.</p> <p><b>ELIGIBILITY:</b> The applicant must be a Good Samaritan employee, or a qualifying student volunteer who has completed 100 hours the year prior. The student must be enrolled at VU on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care related field of study. Applicant must be a Good Samaritan employee or volunteer.</p>
Chris and Laura Nardine Memorial Scholarship	<p>This scholarship is awarded to a student attending Vincennes University (VU) in a health care related field of study.</p> <p><b>ELIGIBILITY:</b> The applicant must be enrolled at VU on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care related field of study.</p>
The Beacons of Excellence Scholarship	<p>This scholarship is awarded to a graduating high school senior, from each high school in Knox County, Indiana and Lawrence County, Illinois.</p> <p><b>ELIGIBILITY:</b> The applicant must be enrolled in a college or university on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care field of study.</p>
Nursing and Allied Health Care Scholarship	<p>This scholarship is awarded to a student who is pursuing a degree in nursing or another health care related field of study.</p> <p><b>ELIGIBILITY:</b> The applicant must be enrolled in a college or university on a full time or half time basis (minimum 6 credit hours) and pursuing a degree in a health care field of study.</p>
Good Samaritan Physician Legacy Scholarship	<p>This scholarship is awarded to a student who is currently enrolled in an accredited graduate school of medicine working toward a MD or DO degree.</p> <p><b>ELIGIBILITY:</b> The applicant must be enrolled in a medical college or university on a full time basis.</p>
The Matt Bowman Memorial Scholarship	<p>This scholarship is awarded to a Good Samaritan full-time or part-time employee of any department or discipline seeking assistance for health-related certifications, review courses, conferences or educational boot camp fees.</p> <p><b>ELIGIBILITY:</b> The applicant must be a Good Samaritan employee pursuing a health-related educational opportunity and is planning to continue their tenure at Good Samaritan for at least one year.</p>

If you are applying for The Matt Bowman Memorial Scholarship, you may disregard this section. For all other scholarship applications, please provide the name and address of the university / program in which you are presently enrolled, or to which you are applying. If you have received a student ID, please include it.

Name of University / Program: \_\_\_\_\_

Student ID Number (If Available): \_\_\_\_\_

University / Program City, State, Zip: \_\_\_\_\_

Health care degree you are pursuing: \_\_\_\_\_

Date you began / will begin this curriculum (Month / Year): \_\_\_\_\_

Anticipated date of graduation (Month / Year): \_\_\_\_\_

Number of hours enrolled per semester / quarter: \_\_\_\_\_

Number of hours required for graduation: \_\_\_\_\_

Number of hours completed in program: \_\_\_\_\_

COLLEGE / UNIVERSITY GPA: \_\_\_\_\_  
Date / Cumulative \_\_\_\_\_ Date / Most Recent \_\_\_\_\_

Did you previously attend another college?  Yes (Please fill the information below.)  No

\_\_\_\_\_  
Name / City / State of College / University & Years of Attendance

\_\_\_\_\_  
Degree Received or Number of Hours Completed

Your enrollment status:  Current  Anticipated

Full-Time  
12+ Credit Hours

Half-Time  
At Least 6 Credit Hours

Part-Time  
Less Than 6 Credit Hours

For applicants attending an accredited college or university, a scholarship requirement is to maintain a 3.0 GPA. Please initial below to give Good Samaritan Foundation approval to access your mid-year and final cumulative GPA from your college / university during the upcoming academic year. (You must also authorize Good Samaritan Foundation on your records at your college / university.)

\_\_\_\_\_  
Applicant Initials

Did either of your grandparents attend college?  Yes  No

Did either of your parents attend college?  Yes  No

**Answer the following questions, providing information which corresponds with your present situation:**

**Combined Household Income:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Less than \$25,000  | <input type="checkbox"/> \$50,001 - \$62,500 | <input type="checkbox"/> \$87,501 - \$100,000  |
| <input type="checkbox"/> \$25,001 - \$37,500 | <input type="checkbox"/> \$62,501 - \$75,000 | <input type="checkbox"/> \$100,001 - \$125,000 |
| <input type="checkbox"/> \$37,501 - \$50,000 | <input type="checkbox"/> \$75,501 - \$87,500 | <input type="checkbox"/> \$125,001 and Above   |

Including yourself, how many family members reside in your household? \_\_\_\_\_

Do you receive child support or alimony?  Yes  No

Are you, or your spouse, responsible for paying child support or alimony?  Yes  No

**If you have attended college / university, list all financial assistance received, including amounts (grants, scholarships, student loans, etc.):**

Grants and Scholarships	Student Loans
\$ _____	\$ _____
\$ _____	\$ _____

**List all financial assistance that you expect to receive for this academic year:**

Grants and Scholarships	Student Loans
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**If you will work while attending college / university or earning certification, please indicate:**

Number of Hours you Expect to Work Per Week: \_\_\_\_\_

Your estimated income from this job: \$ \_\_\_\_\_  
(Please indicate the pay period: Weekly, Bi-Weekly, Monthly, etc.)

If other members of your household will be attending college / university during the upcoming academic year, please list their relationship to you, the name of the college / university they will attend and their class level (freshman, sophomore, etc.)

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Please report any unusual family, personal or financial circumstances which you believe warrant consideration. (Unusual circumstances may, or may not, be considered in the selection process.)

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*Please list your volunteer, community service, leadership positions and extracurricular activities you are a part of (Please attach additional list if necessary).*

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I hereby apply for a Good Samaritan Foundation Scholarship. I have read, and I understand, the terms of the scholarship award.

If I receive a scholarship, I agree to comply with the requirements of the award. I will provide Good Samaritan Foundation with my student ID (if applicable), email address and photograph. I agree to grant Good Samaritan Foundation access to my financial information on record for the purpose of determining financial need as it applies to my application for a scholarship with the Foundation.

Scholarships will only be awarded to students in health care related fields of study. Late or incomplete applications will not be considered.

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Signature

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Date



**Good Samaritan**  
Hospital Foundation

520 S. Seventh Street  
Vincennes, IN 47591  
812-885-3192