



## SCHOLARSHIP APPLICATION

Applicant's Name \_\_\_\_\_

A Complete Application must be Postmarked by

\_\_\_\_\_  
February 17, 2016

Mail To:

Scholarship Committee  
c/o Barbara Beland  
123 Lake Ridge Point  
Talladega, AL 35160

*If hand delivered, it must arrive on the deadline date by 4:0pm.*

NOTICE TO APPLICANT: Thoroughly read "Instructions to the Applicant".

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Action of the Scholarship Committee

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

This scholarship is awarded for the school year 2015-2016.

St. Vincent's St. Clair Auxiliary

Scholarship Application

"Education is the key to the Future"

Application Deadline is February 17, 2016.

Recommendation Deadline is February 17, 2016.

The St. Vincent St Clair Auxiliary is pleased to offer a \$3,000 scholarship to an undergraduate college student who shows superior academic achievement and exhibits financial need and seeks to pursue a career in the healthcare field. Throughout the applicant's college career, the applicant can make a scholarship application to only one of the St. Vincent's Health System Auxiliary Scholarships.

Selection of the recipient is the responsibility of the Scholarship Committee with members appointed by the Auxiliary. The scholarship will be granted based on the information included in the application filed with the committee.

INSTRUCTIONS TO APPLICANT

1. This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant and the applicant is required to give information as requested.
2. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is "none" or "not applicable" it should be so stated. If space is inadequate for some answers, use a separate sheet.
3. Answers must be legible.
4. In order to be considered an applicant must meet the following requirements:
  - a. Applicant must be a permanent resident of St. Clair County, Alabama.
  - b. Applicant must be enrolled or reenrolled in a program of health related studies in an accredited school.
  - c. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education shall be submitted.
  - d. Applicant must write an essay not to exceed 500 words on how this scholarship will be beneficial in furthering their educational objectives.

e. Applicant will obtain the following:

- tuition statement from the school
- applicant's student number
- college's @-9 form

f. The above mentioned information (item #4-e) must be sent to:

Stephanie Ojeda  
St. Vincent's Foundation  
1 Medical Park East Drive  
Birmingham, AL 35235

Any questions concerning item #4-e should be directed to Stephanie Ojeda at 205-8388-6151 or e-mail her at [Stephanie.ojeda@stvhs.com](mailto:Stephanie.ojeda@stvhs.com).

g. Return the completed application with other required daa and requested information to:

Scholarship Committee Chairman  
c/o St. Vincent's St. Clair Auxiliary  
123 Lake Ridge Point  
Talladega, AL 35160

The application must be post marked no later than **February 17, 2016**. Please answer all questions completely.

h. Include with the application the following:

\*Completed (3) Reference Forms

One must be from a teacher, another from a school administrator and the third from a member of the community not associated with the school nor a relative. These must be mailed directly by the reference to the Scholarship Committee. *It is suggested the applicant follow-up with the reference to ensure they are mailed by the deadline.*

\*An up-to-date high school transcript or college transcript of academic record, ACT, SAT or other



appropriate college entrance exam score whether applicant is in high school or college.

\*Financial statement of parents or guardians (if minor living at home). Include a letter of need to be written by the parent or guardian. If living on own or married, include your financial statement.

- i. Recipients must not have a criminal record which would interfere with obtaining a license, nor any other academic or social probation.
- j. Applicant shall agree that the uses of the scholarship shall be predicated on enrollment or continuance of education in a health care field of study, in a recognized and/or accredited school such as college, university, trade school, or business college. The approved funds shall be used for such purpose as tuition, fees, books, room or board. Any unused funds will be returned to the Scholarship Committee.
- k. Should a recipient require additional scholarship funds following the first year, the recipient must submit a current application request along with a transcript of current grades and documentation required of all applicants. All recipients are only eligible to receive a St. Vincent's St. Clair scholarship twice.
- l. Applications lost in the mail are not the responsibility of the scholarship committee.
- m. Consideration will be given to the students who have demonstrated dependable volunteer efforts by providing volunteer service to one of the St. Vincent's Health System hospitals.



SCHOLARSHIP APPLICANT REFERENCE FORM

PLEASE COMPLETE AND RETURN TO

Scholarship Committee  
% Barbara Beland  
123 Lake Ridge Point  
Talladega, AL 35160

DEADLINE February 17, 2016

*The Scholarship Applicant should forward this form to 3 different individuals as outlined in the instructions, who then will complete and mail to the Scholarship Committee by the deadline at the above address.*

Scholarship Applicant \_\_\_\_\_

*Pertaining to the Applicant:*

I have known this applicant for \_\_\_\_\_ years.

I believe the applicant's scholarship ability to be:

\_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_ Superior

I believe the applicant's dedication to study to be:

\_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_ Superior

I \_\_\_\_\_ would, \_\_\_\_\_ would not recommend the applicant for a scholarship because:

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*This Reference Form was completed and mailed by* \_\_\_\_\_

*My Profession is* \_\_\_\_\_ *I am affiliated with* \_\_\_\_\_

Capacity in which I know the applicant \_\_\_\_\_

Signature \_\_\_\_\_ Day Phone Number \_\_\_\_\_



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Scholarship Applicant

Pertaining to the Applicant:

I have known this applicant for years.

I believe the applicant's scholarship ability to be:

Fair Average Good Excellent Superior

I believe the applicant's dedication to study to be:

Fair Average Good Excellent Superior

I would, would not recommend the applicant for a scholarship because:

Three horizontal lines for providing reasons for recommendation or non-recommendation.

This Reference Form was completed and mailed by

My Profession is, I am affiliated with

Capacity in which I know the applicant

Signature Day Phone Number





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