



St. Elizabeth Health Foundation Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 16

**FOR
SCHOLARSHIP
AMERICA
USE ONLY**

| | | | | | | | | | |
|--------|----|----|--------|-----|-------|------|------|-----|-------|
| I.D. # | AA | PD | RIC/CS | GPA | SATRW | SATM | ACTC | SP1 | TOTAL |
| | | | | | | | | | |

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____
 Email Address (required for notification) _____

County (check one): Madison County, IL St. Clair County, IL

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

**SPOUSE/PARENT
CONTACT
INFORMATION**

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Phone (_____) _____
 Email Address _____

**EDUCATIONAL
HISTORY
AND PLANS**

Name of High School you attended: _____ City _____ State _____
 High School Graduation Date: Month _____ Year _____ Date Received GED (if applicable) Month _____ Year _____

 Name of postsecondary school you plan to attend next academic year. **Use official school name. Do not use abbreviations.**
 School: _____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Academic status: Undergraduate Graduate Enrollment status: Part-time Full-time

Major or course of study: _____ Expected graduation date: Month _____ Year _____

Degree sought: Ph.D. Master's Bachelor's Associate Certificate Other _____

2021-22 school costs:

Tuition and Fees: \$ _____
 Books and Supplies: \$ _____
 Total: \$ _____

Other awards/financial aid granted: \$ _____

 Name **all** postsecondary schools you previously attended (if any). **Use official school name. Do not use abbreviations.**

School: _____ City _____ State _____
 Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____
 Full Name on transcript, if different from applicant's current name above _____

School: _____ City _____ State _____
 Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____
 Full Name on transcript, if different from applicant's current name above _____

(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format.)

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a counselor, advisor, an instructor, clergy or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

| | | | | |
|--|--|---|---|--|
| The applicant's choice of a postsecondary educational program is | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's ability to set realistic and attainable goals is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The quality of the applicant's commitment to school and/or community is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant is able to seek, find, and use learning resources | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates curiosity and initiative | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's respect for self and others is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |

Comments: _____

Appraiser's Name _____ Title _____ Phone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION (REQUIRED)

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- Applicants currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Transcripts are acceptable as long as they display student name, school name, grade and credit hours earned for each course, term in which each course was taken, and the cumulative GPA.
- Applicants who have completed less than one full term** of postsecondary education **must** include a high school transcript of grades.
- Applicants who have completed less than one full term of postsecondary education and who did not graduate from high school** but have taken the General Educational Development (GED) test must provide a copy of their GED certificate and test scores.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (as specified above)

All materials, including transcript, must be addressed to:
St. Elizabeth Health Foundation Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline April 16

CERTIFICATION

Scholarship America has the sole responsibility for selecting finalists based on criteria as set forth in the program's description. St. Elizabeth Health Foundation makes final selection of recipients and award amounts. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

I consent to data collected in this application being used for the purpose of selecting scholarship recipients, communication and promotion of the program. Data will be processed in compliance with the Scholarship America Privacy Policy.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information.

Applicant's Signature _____ Date _____