

## SCHOLASTIC AWARD APPLICATION

| A completed appli         | cation should b       | e returned by A    |                       |   |                    |                            |  |
|---------------------------|-----------------------|--------------------|-----------------------|---|--------------------|----------------------------|--|
|                           |                       |                    |                       | omplete Application l   |                    |                            |  |
|                           | <b>Hospital Found</b> | ation              | C                     | ompleted Application Fo   | orm                |                            |  |
| Scholastic A              |                       |                    | A                     | n official transcript of gr                                       | rades from most    | recent schooling           |  |
| 663 East M                |                       |                    |                       | List of school/community activities, honors, awards, offices held |                    |                            |  |
| Ashland, Ohio 44805       |                       |                    |                       | A statement regarding your reasons for entering the medical field |                    |                            |  |
| ERSONAL DAT               | A (Please Print)      | )                  |                       |   |                    |                            |  |
|                           |                       |                    |                       |   |                    |                            |  |
| ame                       |                       |                    |                       |   | Male               |                            |  |
| ddress                    |                       |                    |                       |   |                    |                            |  |
| ıty                       | 11                    | State              | Zıp                   | Da  | aytime Phone #     | #<br>mediate family member |  |
| ounty                     | e-maii                | address            |                       | UHSMC e   | mployee or im      | imediate family member     |  |
| IELD OF STUDY             | Y / EDUCAT            | ON BACKG           | ROUND                 |   |                    |                            |  |
| 1.Course of study         | vou have selec        | rted:              |                       |   |                    |                            |  |
| 2. What are your          | reasons for ente      | ring this field: ( | Attach sepa           | rate page)  |                    |                            |  |
|                           |                       | -                  |                       |   |                    |                            |  |
| 3. Where will you         |                       |                    |                       | rogram  | Scho               |                            |  |
|                           | ly enrolled and       |                    |                       |   | <del>_</del> -     |                            |  |
| ☐ In an upcom             | ing term, I nave      | been accepted      | to:                   | 1 1 . Th  |                    | C ( 1 %)                   |  |
| ☐ At the time of          | of this application   | on, I am not cur   | rently enrolle        | ed, nor have I been acc   | cepted to a cou    | rse of study in            |  |
| nursing or an             | iother allied me      | dical/health pro   | fession.              |   |                    |                            |  |
|                           |                       | Data               | Sah                   | 1   |                    | Conda Doint Average        |  |
| 4 III al- Cahool C        | 1                     | Date               | Scho                  | 001   |                    | Grade Point Average        |  |
| 4. High School G          | raduation             |                    |                       |   |                    | <del></del>                |  |
| 5.Further Degree          | s                     |                    |                       |   |                    |                            |  |
|                           |                       | _                  |                       |   |                    |                            |  |
|                           |                       |                    |                       |   |                    | c. which might give an     |  |
| overview of y             | your interests, i.    | e., school, com    | munity, churc         | ch, employment, etc. (  | Attach separa      | ate page)                  |  |
|                           |                       |                    |                       |   |                    |                            |  |
| INIANICIAI CONS           | TOED ATIONS           | 3                  |                       |   |                    |                            |  |
| INANCIAL CONS             | IDEKATIONS            | <u> </u>           |                       |   |                    |                            |  |
| Have you been as          | warded other sc       | holarchine sche    | dactic awards         | s or grants or do you re  | eceive tuition t   | raimhurcament? If so       |  |
| explain:                  | Natura outer se       | Marships, send     | nasue awards          | s of grants of do you is  | scerve turtion i   | Cillibursement: II 50,     |  |
| ехріані.                  |                       |                    |                       |   |                    |                            |  |
|                           |                       |                    |                       |   |                    |                            |  |
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|                           |                       |                    |                       |   |                    |                            |  |
|                           |                       |                    |                       |   |                    |                            |  |
|                           |                       |                    |                       |   |                    |                            |  |
| ELEASES                   |                       |                    |                       |   |                    |                            |  |
| ELEASES                   |                       |                    |                       |   |                    |                            |  |
| transprint of vour        | grades (from          | most recent sel    |                       | ot accompany the con  | anloted applie     | estion Cian the            |  |
| opropriate release w      |                       | HOSt recent sci    | 100IIIIg <i>)</i> mus | st accompany the con  | apieteu appirc     | ation. Sign the            |  |
| opropriate release w      | men ionows.           |                    |                       |   |                    |                            |  |
| Thomshir malages the      | t-anamint of m        | amadag ta ha       | Ţ                     |   | L- turnganint a    | CALL atradant's            |  |
| I hereby release the      |                       |                    |                       | permit the release of t   |                    |                            |  |
| used for this Schola      | istic Award sele      | ction process.     | gr                    | rades for use in a Scho   | lastic Award s     | selection process.         |  |
|                           |                       |                    |                       |   |                    |                            |  |
| -<br>-                    |                       |                    | X                     |   |                    |                            |  |
| Student signature if 18 y | ears or older)        | Date               | (Pare                 | ent or guardian signature if                                      | student is under 1 | 8 years) Date              |  |

## 2023 Samaritan Hospital Foundation Scholastic Awards

Scholastic Awards available to residents of Ashland County and University Hospitals Samaritan Medical Center employees and/or their dependents

| Samaritan Hospital School of Nursing Alumni Scholastic Award (\$1,000)  Open to students accepted into or currently enrolled in an accredited program of nursing.  |
|--|
| Gounder & Ponnammal Scholastic Award (\$2,000)  Open to students accepted into or currently enrolled in an accredited program of nursing, medical school or allied medical field of study.   |
| Elizabeth Myers Mitchell Scholastic Award (\$3,000) Matched by \$3,000 Award by Ashland University Established in 2008 by Samaritan Hospital Foundation and Ashland University in memory of Elizabeth Myers Mitchell. A Scholastic Award of \$3,000 that will be given by Samaritan Hospital Foundation and matched by Ashland University up to an additional \$3,000. The scholastic awards are designated for health-care professionals employed in Ashland County and/or individuals planning a career in healthcare. The individuals should be completing coursework in a degree program at Ashland University. Consideration will be given based on academic performance, current employment status, and/or financial need. |
| Alice E. Stinchcomb Scholastic Award (\$4,000)  To be used for educational programs and for nursing scholastic awards.   |
| Nancy J. Stockwell Scholastic Award (\$5,000)  Open to students accepted into or currently enrolled in an accredited program of nursing, medical school or allied medical field of study.  |
| North Central State College Scholastic Award (\$2,000) Awarded by Samaritan Hospital Foundation Open to North Central State College students enrolled in Health Sciences programs, such as registered nursing, practical nursing, respiratory care, radiology, and physical therapy that are receiving part of their hospital training at UH Samaritan Medical Center and be a resident of Ashland County. The student must maintain a 2.75 GPA.   |
| Ashland County West Holmes Career Center - Health Technology Scholastic Award (\$2,000) Students graduating from Ashland County West Holmes Career Center in Health Technology who are preparing for the State Tested Nurse Aide (STNA) certification test. Scholastic Award given upon passing the test.  |
| Nursing Scholastic Fund - Samaritan Hospital Foundation Awards (discretionary)  Open to students accepted into or currently enrolled in an accredited program of nursing, medical school or allied medical field of study.   |
| Applications should be returned with, a transcript of grades, by <b>April 20, 2023,</b> to:  |

**Samaritan Hospital Foundation** 

Scholastic Awards 663 East Main Street Ashland, Ohio 44805

Winners will be notified in May/June.

Contact Mona Campbell at Samaritan Hospital Foundation, 419-207-7861, with questions.

