

2020 HELPING HANDS SCHOLARSHIP APPLICATION

Name: _____
First Middle Last

E-mail: _____ Phone: _____

Mailing Address: _____
Address City State Zip

High School GPA: _____ College Cumulative GPA: _____

Area of Study: _____

College you will be/are attending: _____

College Address/Financial Aid Office: _____

Please complete the following checklist in full for your application to be considered:

- ✓ *Read and sign attached Scholarship Criteria and Release Form.*
- ✓ *Complete attached Scholarship Application Form and response questions.*
- ✓ *BHC team members: attach W-2 from last year; All other applicants: attach income tax return OR income tax return of the person who claimed you as a dependent.*
- ✓ *Include a copy of high school transcripts or college transcripts, whichever applicable.*
- ✓ *Do not staple or print applications front and back, as these will be copied for review.*

**ALL APPLICATIONS MUST BE RETURNED TO
THE BAPTIST HEALTH CARE FOUNDATION OFFICE BY:**

Noon, Friday, May 15

Return applications to Foundation@bhcpns.org

No late entries will be accepted.

(Scholarship recipients will be notified by mail within four weeks after deadline.)

Scholarship payments will be made directly to the educational institution into the student's account. Should the student elect to drop classes or is asked to leave due to disciplinary/academic probation, all unused scholarship dollars will be returned to Baptist Health Care Foundation.

HELPING HANDS SCHOLARSHIP

Scholarship Criteria and Release Form

Baptist Health Care is an Equal Opportunity Employer and has a strong commitment to diversity. Every opportunity will be made to ensure scholarships are granted to those most deserving. Scholarships will be managed by a selection committee and the Baptist Health Care Foundation.

Scholarships are open to Baptist Health Care, Inc. team members, their dependents, and/or residents of the community.

Baptist Health Care is dedicated to its Mission of helping people throughout life's journey. In support of that mission, a commitment has been made to empower individuals with opportunities for lifelong learning and continued education.

Scholarships will be awarded to those that meet the following criteria:

- BHC, Inc. team members must be enrolled and accepted into an educational institution or an accredited online institution.

*- BHC, Inc. team members must be enrolled in an educational program vital to a career within the BHC, Inc. system. This can include other areas vital to health care success, i.e. accounting, administration, marketing, social work, certifications, etc. **BHC family and community members are not limited to a specific career area.***

Scholarship Release Form

I understand that scholarships are awarded based on a combination of the following: academic excellence, financial need, demonstrated aptitude and critical needs in the health care industry (for BHC, Inc. team members only).

I understand that Baptist Health Care is committed to being a Drug-Free Workplace and an Equal Opportunity Employer. Therefore, scholarship opportunities will be awarded without regard to race, color, religion, national origin, disability, marital status, and/or any other status protected by law.

I further understand that this scholarship application is only active for **one year**, after which I must reapply if I would like to be considered for scholarships again.

I certify that the information provided by me on the attached application is correct and complete.

Signature: _____ Date: _____

Print Name: _____ SS Number: _____
(Used for scholarship awardees)

HELPING HANDS SCHOLARSHIP Application Form

APPLICANT INFORMATION: Please *PRINT* (in ink) or *TYPE*

Are you employed now? YES NO Employer: _____

Occupation/Position: _____

How many hours a week do you work at this job? _____

If employed by BHC, Inc., for how long? _____

Do you have family members employed by Baptist Health Care, Inc.? YES NO

Name of family member: _____

Title/Department Name _____

Estimated income last year? \$_____ (Must include W-2 or tax return)

Are you the head of your household? YES NO

Do you have any dependents? YES NO

If YES, number of dependents: _____ (Ages) _____

Household income: _____

Occupation of parent/spouse: _____

Parent/Spouse employer: _____

Estimated amount of parent/spouse annual support for your education: _____

Are you receiving any other scholarship and/or financial assistance? YES NO

IF YES, what kind/how much? _____

Are you currently applying for/receiving Life Long Learning from BHC? YES NO

Have you completed the FAFSA form? YES NO

List any extracurricular activities, honors, recognitions, professional affiliations, etc.

HELPING HANDS SCHOLARSHIP Application Form

EDUCATION

HIGH SCHOOL (include a copy of transcript if you don't have a college transcript):

High School: _____ State: _____

Graduation Date: _____ GPA: _____

COLLEGE (include a copy of transcript):

Cumulative College GPA: _____ **Student ID Number:** _____

Name of college(s) and Dates attended:

Date you began (or will begin): _____

Degree Selected: _____

Expected Graduation Date: _____

Team Members: Briefly describe below how your specific degree will be used to help you grow within Baptist Health Care/Lakeview Center/Global Connections to Employment.

HELPING HANDS SCHOLARSHIP Application Form

Team Member Dependents/Community Members: Briefly describe why you selected this degree.

All applicants: Briefly describe why you should receive this scholarship.
