

**The Auxiliary of NorthShore University HealthSystem at Evanston & Glenbrook Hospitals**  
**\$5,000 Nursing Educational Scholarship Application**  
**Completed scholarship application must be received by May 7, 2012**  
**Please print or type**

**SECTION A**  
**Student Data**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email: \_\_\_\_\_

High School attending: \_\_\_\_\_

College/University or RN program that you are planning to attend: \_\_\_\_\_

Why did you choose this school/program? \_\_\_\_\_

\_\_\_\_\_

Enrollment date: \_\_\_\_\_

**Family Data**

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Father's Education \_\_\_\_\_ Mother's Education \_\_\_\_\_

College (if attended) \_\_\_\_\_ College (if attended) \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Living with: Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_

Mother & Stepfather \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_

Other (explain) \_\_\_\_\_

List names and ages of siblings, and schools they are attending.

Name                      Age                      School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment**

Indicate your work experience. LIST YOUR MOST RECENT/PRESENT JOB FIRST.

Employer	Position
1. _____	_____
Dates/hours worked _____	Salary _____
2. _____	_____
Dates/hours worked _____	Salary _____
3. _____	_____
Dates/hours worked _____	Salary _____
4. _____	_____
Dates/hours worked _____	Salary _____

**Academics**

GPA (weighted or un-weighted- Circle one, please)	Academic/All Subject
	_____ / _____
Class Percentile	_____ / _____
Class Rank	_____ / _____
ACT Score	_____ /36
SAT Score	_____ /1600

**Activities**

List up to 5 of your school and community activities *in order of importance to you.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please explain why your top two choices are most important to you:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**College Costs**

Estimated Expenses/Cost

Tuition & Fees        \$ \_\_\_\_\_

Room & Board        \$ \_\_\_\_\_

Books                 \$ \_\_\_\_\_

**TOTAL**                \$ \_\_\_\_\_

Estimated Personal Contribution from:

Student                \$ \_\_\_\_\_

Parent(s)             \$ \_\_\_\_\_

Anticipated financial aid \$ \_\_\_\_\_

Other (specify)       \$ \_\_\_\_\_

**TOTAL**                \$ \_\_\_\_\_

List all scholarships for which you have applied/will apply:

Applied

Received

1. \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**SECTION B**

Please answer the following questions below. You may add an additional sheet of paper, if necessary.

Talk about your passion/desire for becoming a nurse.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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As a nurse, what differences do you believe you can make?

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List/describe any other information you feel would interest the committee.

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Please submit two references with this application. One should be of an academic nature (teacher, school administrator) and the other should be a personal reference (someone who knows you in a volunteer, employment, or extracurricular capacity). Please have your reference seal his or her letter and sign over the seal on the envelope, and return it to you for submission with the completed application.

Please sign and date the application, assuring The Auxiliary that everything you have stated about yourself is true to the best of your knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest. Completed scholarship application must be received by **May 7, 2012** to:

The Auxiliary of NorthShore University HealthSystem  
at Evanston & Glenbrook Hospitals  
1301 Central Street  
Evanston, IL 60201  
ATTN: Scholarship Committee

*Recipient must present acceptance letter from an accredited R.N. college program upon receipt of scholarship. For consideration all application areas must be completed.*

**Office use only:**

Date received \_\_\_\_\_

Complete \_\_\_\_\_

Incomplete \_\_\_\_\_