

The Auxiliary of NorthShore University HealthSystem at Evanston & Glenbrook Hospitals
Nursing Educational Scholarship Application
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 _____ Academic/All Subject _____
(weighted or un-weighted- /
Circle one, please)

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.

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

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

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. Please return completed scholarship application **by May 1, 2009** 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 _____