**Hunterdon Health Foundation**

**2023 Scholarship Application**

**Eligibility**

Applicants should be pursuing a career in healthcare and must meet **one** of the following criteria:

* Reside in Hunterdon County;
* Be an employee of Hunterdon Medical Center or its related organizations; or
* Have a parent/guardian employed by Hunterdon Medical Center or its related organizations.

**All questions must be answered and submitted by the March 1, 2023 deadline for the application to be deemed complete. Incomplete and/or late applications will be rejected without review.**

|  |  |
| --- | --- |
| Date of application: | Enter today’s date |

**About the Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Enter full name |  | Age: | Enter age |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street Address: | | Enter street address | | | | | | |
| City: | Enter City | |  | State: | Enter State |  | Zip: | Enter Zip |

|  |  |
| --- | --- |
| Email Address: | Enter email address |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Phone: | Enter Home Phone |  | Cell Phone: | Enter Cell Phone |

Status (Check One): Single:  Married:  Divorced:  Widowed:

Do you have dependent children? Yes:  No:

|  |  |
| --- | --- |
| If yes, please provide their age(s): | Provide age(s) |

Which healthcare field are you pursuing?

Nursing  Physician  Technical (RT sonographer, etc.)  Allied healthcare practitioner

|  |  |
| --- | --- |
| Other: | Please list |

Please check all that apply:

|  |
| --- |
| I am an employee of Hunterdon Medical Center or its related organizations |
| I have a parent/guardian employed by Hunterdon Medical Center or its related organizations |
| I am a volunteer at Hunterdon Health  I live in Hunterdon County |

Educational program you will be attending this coming year:

2-Year College  4-Year College  Combined College/Graduate School  Graduate School

Technical School

|  |  |
| --- | --- |
| Other: | Please describe |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree to be conferred: | Enter degree |  | Year: | Year of graduation |

**Applicants who are Current Students**

Please complete this section if you are a current student. Others may proceed to the next section.

Current level of education:

|  |
| --- |
| High school student |
| College student |
| Graduate student |

|  |  |
| --- | --- |
| School currently attending: | Name of School |

|  |  |  |  |
| --- | --- | --- | --- |
| GPA | Current GPA |  | Do you work while in school? |
| ACT | Current GPA |  | Full time |
| SAT Verbal | Current GPA |  | Part time |
| SAT Math | Current GPA |  | Summer job |
|  |  |  | Not employed |

|  |  |
| --- | --- |
| List any scholastic awards: | List all scholastic awards |
| Other awards (athletics, service, etc…) | List all other awards |

**A copy of your most recent transcript must be included with your application. Failure to submit a transcript will disqualify your application.**

**Applicants who are currently employed (Not full/part-time students)**

Please complete this section if you are not currently enrolled in school full/part-time.

Highest level of education:

|  |
| --- |
| High school graduate |
| College graduate |
| Graduate School graduate |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Highest degree received: | Enter degree |  | Year: | Year of graduation |

|  |  |  |
| --- | --- | --- |
| Name of current employer: | Name of employer | |
| Current position: | Provide your title | |
| Years at current employer: | Provide years |

**Volunteer/Community Service Information (All Applicants)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you volunteer or complete community service? | | Yes | | No |
| If yes, where? | List names of organizations | | | |
| Hours per year? | Hours per year | |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you received volunteer/community service awards? | | Yes | No |
| If yes, please list? | List awards | | |

**Financial Information**

All applicants must complete the following information.

|  |  |
| --- | --- |
| Your gross annual income: | $Your gross annual income |
| Your spouse’s gross annual income: | $Your spouse’s gross annual income |
| Other annual income: | $Other annual income |
| Total annual income: | $Total of 3 lines above |
| Total net worth | $Enter net worth |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a 529 Plan or equivalent? | Yes | No |  | If yes, approximate value? | $Value |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will someone other than you be contributing to your educational expenses? | | Yes | | No |
| If yes, how much will they contribute annually? | $Provide total annual amount | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you own a home? | Yes | No | | | | |
| If yes, what is your total mortgage payment per month (including taxes)? | | | | | $Total amount | |
| Year when mortgage will be paid off: | | | Provide year mortgage will be paid off | | | |
| If you do not own a home, what is your total monthly rent? | | | | $Total amount | |

How many vehicles do you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Own: | No. of vehicles |  | Total monthly payments: | $Total of payments |
| Lease: | No. of vehicles |  | Total monthly payments: | $Total of payments |
|  |  |  | Total monthly payments: | $Total of 2 payments above |

|  |  |
| --- | --- |
| Please list other scholarships or grants received: | List all scholarships and/or grants |

**Individuals who are not Emancipated**

Applicants who are not yet emancipated (individuals who are still dependent of parents or guardians for financial resources) must complete the following information. Emancipated individuals can proceed to the next section.

|  |  |
| --- | --- |
| Mother’s gross annual income: | $Mother’s gross annual income |
| Father’s gross annual income: | $Father’s gross annual income |
| Other parent/guardian annual income: | $Other annual income |
| Total annual income: | $Total of 3 lines above |
| Parent’s net worth | $Enter net worth |

|  |  |  |
| --- | --- | --- |
| If parents are divorced, will they both be contributing to your educational expenses? | Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do your parents own a home? | Yes | | No | | |
| If yes, what is their total mortgage payment per month (including taxes)? | | | | | $Total amount |
| Year when mortgage will be paid off: | | Provide year mortgage will be paid off | | | |
| If they do not own a home, what is their total monthly rent? | | | | $Total amount | |

|  |  |  |
| --- | --- | --- |
| Do your parents own additional homes/properties? | Yes | No |

How many vehicles does the family:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Own: | No. of vehicles |  | Total monthly payments: | $Total of payments |
| Lease: | No. of vehicles |  | Total monthly payments: | $Total of payments |
|  |  |  | Total monthly payments | $Total of payments above |

How many siblings do you have:

|  |  |
| --- | --- |
| In K through 12th grade: | Number of siblings under 18 years |
| In College: | Siblings in College |
| In Graduate School: | Siblings in Graduate School |
| Other: | Other siblings not listed above |
| Total number of siblings: | Total siblings |

**Educational Expenses**

What is the total anticipated cost of your education?

|  |  |
| --- | --- |
| Tuition: | $Tuition |
| Room and Board: | $Room and board |
| Textbooks and fees: | $Textbooks and fees |
| Miscellaneous: | $List other costs |
| Total cost: | $Total of lines above |

**Personal Essay**

Please write a 250-300 word essay. State why you have chosen your field of study and why you are requesting an educational scholarship.

**Completed Application**

As a reminder, all of the following must be included to be considered for financial assistance. Before submitting this application have you:

Answered all questions in this application?

Submitted your transcript (current students only)?

Check here if not a current student

Submitted two letters of reference (emancipated individuals may use the Personal Reference Form

provided)? Student applicants (High School, College, or Graduate) are encouraged to use academic references relating to their scientific/medical aptitude and goals. Other applicants who are returning for scientific and medical endeavors may use personal references.

Submitted a personal essay?

I attest that, to the best of my knowledge and belief, all information in this application is accurate and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

**Please send completed application form to:**

Applications should be completed in Word, printed, and mailed to:

Scholarship Committee

Hunterdon Health Foundation

9100 Wescott Drive – Suite 202

Flemington, N.J. 08822