

Hunterdon Health Foundation 2024 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, 2024 deadline for the application to be deemed complete. Incomplete and/or late applications will be rejected without review.

Date of application: _____

ABOUT THE APPLICANT

Name: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell: _____

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

Do you have dependent children? Yes: No:

If yes, please provide their age(s): _____

Which healthcare field are you pursuing?

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

Other: _____

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:

Name of School you will be attending: Name of School

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

Technical School

Other: _____

Degree to be conferred: _____ Year: _____

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: _____

GPA _____

ACT _____

SAT Verbal _____

SAT Math _____

Do you work while in school?

Full time

Part time

Summer job

Not employed

List any scholastic awards: _____

Other awards (athletics, service, etc...) _____

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: _____ Year: _____

Name of current employer: _____

Current position: _____

Years at current employer: _____

VOLUNTEER/COMMUNITY SERVICE INFORMATION (ALL APPLICANTS)

Do you volunteer or complete community service? Yes No

If yes, where? _____

Hours per year? Hours per year _____

Have you received volunteer/community service awards? Yes No

If yes, please list? _____

FINANCIAL INFORMATION

All applicants must complete the following information.

Your gross annual income: \$ _____

Your spouse's gross annual income: \$ _____

Other annual income: \$ _____

Total annual income: \$ _____

Total net worth \$ _____

Do you have a 529 Plan or equivalent*? Yes No If yes, annual value? \$Annual Value _____

**Equivalent sources include Trusts or financials products that will provide you annual income to pay for school*

Will someone other than you be contributing to your educational expenses? Yes No

If yes, how much will they contribute annually? \$ _____

Do you own a home? Yes No

If yes, what is your total mortgage payment per month (including taxes)? \$ _____

If you do not own a home, what is your total monthly rent? \$ _____

How many vehicles do you:

Own: Total monthly payments: \$ _____

Lease: Total monthly payments: \$ _____

Total monthly payments: \$ _____

Please list other scholarships or grants received: _____

EDUCATIONAL EXPENSES

What is the total anticipated cost of your education?

Tuition:	\$ _____
Room and Board:	\$ _____
Textbooks and fees:	\$ _____
Miscellaneous:	\$ _____
Total cost of School:	\$ _____

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