



schneck foundation

*sharing means caring*

411 West Tipton Street  
Seymour, Indiana 47274  
[www.schneckmed.org](http://www.schneckmed.org)

812.524.4244  
Fax 812.524.3346

January 15, 2012

Dear Scholarship Applicant:

Attached is a Scholarship Application that is to be completed for consideration by the Schneck Foundation Scholarship Committee.

In addition, there is a copy of the requirements/guidelines to assist you in completing this application.

The completed application packet is to include:

- Applicant Form
- “**Official**” Transcript
- Proof of Acceptance
- Two Letters of Recommendation
- Autobiographical Letter

*A typed letter, formatted to **one** 8½ x 11 page, of not less than 300 words summarizing your objectives for further education, need for assistance, and most importantly, your desire to pursue a career in the healthcare field.*

Once you have completed the application and gathered its required documents, please return all forms no later than March 15<sup>th</sup> to:

Cora Laymon  
Schneck Foundation  
411 West Tipton Street  
Seymour, IN 47274

The applicant has an obligation to notify the Foundation of any changes in employment, additional grants, scholarships, or loans that will be available to defer expenses of the upcoming school year which may occur after the application has been submitted.

After the Scholarship Committee has completed their review, you will be advised accordingly by letter.

If you have any questions, please feel free to contact Cora Laymon at [claymon@schneckmed.org](mailto:claymon@schneckmed.org) or (812) 524-4245.

**(This application is not for Medical or Nursing students)**

**SCHNECK FOUNDATION**  
**ALLIED HEALTH SCHOLARSHIP APPLICATION**  
*(This application is not for Medical or Nursing students)*

For candidates interested in pursuing a course of study in a technical/professional career in healthcare.

Date: \_\_\_\_\_

**I. PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

HOME ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(City) (State) (Zip)

E-mail: \_\_\_\_\_

Age: \_\_\_\_ Sex: \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ County of Residence \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Number and ages of sibling (indicate if in college): \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_ Children: # \_\_\_\_\_ Ages: \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

List of School(s) Attended	Location	Years	Major/Course of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

College/technical school where you have been accepted: \_\_\_\_\_

Allied healthcare program in which you are enrolled: \_\_\_\_\_

Anticipated degree: \_\_\_\_\_

Anticipated date of college graduation: \_\_\_\_\_

Current rank in class: \_\_\_\_\_ out of \_\_\_\_\_ students

Career objectives: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**III. EXTRACURRICULAR ACTIVITIES**

Please list organizations, clubs, and athletics you have been involved with, including years of involvement and leadership positions held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and awards you have received:

\_\_\_\_\_  
\_\_\_\_\_

Community Activities:

\_\_\_\_\_  
\_\_\_\_\_

**IV. EMPLOYMENT HISTORY (PAST AND PRESENT)**

Job Title/Description	Hours Worked/Wk	Period of Employment
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Have you ever worked at Schneck Medical Center? (Please give specifics)

\_\_\_\_\_  
\_\_\_\_\_

**V. FINANCIAL RESOURCES**

Estimated annual cost of attending school: \$ \_\_\_\_\_

Estimated parent contribution: \$ \_\_\_\_\_

Estimated student contribution: \$ \_\_\_\_\_

List of current scholarships, grants, and funds:

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

Existing educational loan balances: \$ \_\_\_\_\_

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

Other financial considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information on this application is true and accurate to the best of my knowledge. I understand that information contained in this application and its supporting documents becomes property of Schneck Medical Center.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**SCHNECK FOUNDATION**  
**SCHOLARSHIP REQUIREMENTS/GUIDELINES**  
***(This application is not for Medical or Nursing students)***

**2012 / 2013**

**POLICY:** To encourage candidates who are interested in pursuing a course of study to qualify them to work in a technical/professional career in a hospital by providing financial assistance.

**GUIDELINES:**

1. Primary consideration will be given to Jackson/Jennings County residents. Residents of other counties may be considered based on available funds and at the discretion of the Scholarship Committee.
2. Careers in the following areas will be considered:
  - Radiologic Technologist*
  - Respiratory Therapist (Registered)*
  - Respiratory Technician (Certified)*
  - Physical Therapist*
  - Physical Therapy Assistant*
  - Occupational Therapist*
  - Occupational Therapy Assistant*
  - Laboratory Technologist*
  - Certified Surgical Technologist*
  - Pharmacist*
  - Nuclear Medicine Technologist*
  - CT Technologist*
  - Physician's Assistant*
  - Other careers may be approved by Scholarship Committee.*
3. To be considered for an award, candidate must submit completed application no later than **March 15<sup>th</sup>**.  
*(Applications are available on-line at [www.schneckmed.org](http://www.schneckmed.org), at the Schneck Foundation/Development Office and at local high school Counselor's Offices.)*
4. Candidate must submit proof of acceptance to appropriate school they plan to attend and provide their most recent transcript of grades.
5. Candidate must be enrolled in an allied healthcare program to be eligible for an award.
6. The Foundation Scholarship Committee includes four members of the Schneck Foundation Board, the Hospital Administrator (or his representative), and the hospital Vice President of Human Resources.
7. **Scholarship award must be used for tuition only, not books, travel, housing, etc.**