



schneck foundation

sharing means caring

411 West Tipton Street
Seymour, Indiana 47274
www.schneckmed.org

812.524.4244
Fax 812.524.3346

January 15, 2010

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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
- 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 its required documents, please return all forms no later than March 15, 2010 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 or (812) 524-4245.

SCHNECK FOUNDATION SCHOLARSHIP APPLICATION

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

Date: ____ / ____ / 2010

I. PERSONAL INFORMATION:

NAME: _____
(Last) (First) (Middle Initial)

HOME ADDRESS: _____
(Street)

(City) (State) (Zip) Phone: (____) _____ - _____

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): _____

Martial 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What college/technical school do you plan to attend, or are attending to study healthcare? _____

For what degree? _____

Anticipated date of college graduation: _____

Current rank in class: _____ out of _____ students

What are your 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.

(Applicant's Signature)

(Date)

**SCHNECK FOUNDATION
SCHOLARSHIP REQUIREMENTS/GUIDELINES
2010 / 2011**

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
 - Other careers may be approved by Scholarship Committee.
3. Candidate must complete an application.
(Applications are available on-line at 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. 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.
6. **Scholarship award must be used for tuition only, not books, travel, housing, etc.**