

REDEEMER HEALTH ENDOWMENT AND SCHOLARSHIP GRANT AWARD
PROGRAM APPLICATION

The following four pages are to be completed and returned with accompanying documentation.

Applicants Education Information

Name: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone Number _____ Work Phone _____ Email _____

Supervisor Name: _____ Ext. _____

I am currently a Holy Redeemer Health System employee – (please check) full time ____ part time ____

Education And Training

High School: Number of Years Completed 1 2 3 4

School _____
Name

Location _____
Address City State Zip Phone

High School Diploma or GED Yes ____ No ____

College: Number of Years Completed 1 2 3 4

School _____
Name

Location _____
Address City State Zip Phone

Major _____ Degrees Earned _____

Other Training or Degrees

School (s) _____ City _____ State _____

Course _____ Degree Earned _____

From which state or commonwealth _____ Expiration Date _____

Technical Certifications _____ Date Earned _____

Technical School _____ City _____ State _____

Current employment license, registration or certification number (s) _____

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Education Institution for which the grant will be applied

Name	Address	Phone
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Course of Study:

What is the estimated date for completion of course of study? _____

How many credits/courses will be required to complete the course of study? _____

How many credits/courses have you completed toward the course of study? _____

What is the estimated cost to complete course of study? _____

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Applicant Narrative

In making application for a Redeemer Health Endowment Fund and Scholarship please answer the following questions. Your answer should be limited to 75 words or less for each question (attach a separate sheet if necessary).

QUESTION 1 Tell us about yourself and why you want to return to school at this time.

QUESTION 2 What are your professional goals?

QUESTION 3 How has the mission of the Sisters of the Redeemer affected your employment here?

QUESTION 4 Tell us about any volunteer/community service activity.

QUESTION 5 Please tell us anything else you think will help us to decide in your favor. Your honest description of your true financial need will be helpful, as well as details as to work and home commitments, and any other information relative to your merit or need as a candidate.

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Financial Information

1. What will be your total indebtedness when you graduate? Please list all loans and amounts.

2. Do you have extraordinary expenses related to a life change or medical condition?

3. Please explain any unusual circumstances that the committee should know about.

******Please attach tax return copies for two previous years.**

Your signature certifies that the information submitted in this application is correct. Any contradictions found in the information submitted by you will automatically disqualify you as a candidate for the grant.

Signature: _____ **Date:** _____