



SSMHealth<sup>®</sup>

Good Samaritan Hospital Foundation

# Peg Edwards Nursing Scholarship

## Nursing Student Application

**APPLICATIONS MUST BE POSTMARKED BY MAY 1, 2024**

APPLICANT INFORMATION				
Last Name:		First Name:		Middle Initial:
Address:			Telephone:	
City:		State:	Zip:	County:
E-mail:			Date of Birth:	
Gender:    Male    Female    Prefer not to answer			Are you a U.S. citizen? Yes    No	
Have you been awarded any other financial assistance and/or scholarships to assist with the upcoming school semester?    Yes    No				
If yes, please list below and the amount awarded. (If additional space is needed, please continue to list on a separate sheet.)				
1. _____				
2. _____				
3. _____				
4. _____				
HIGH SCHOOL EDUCATION <i>(Skip this section if you are not a high school senior.)</i>				
Attending High School:			Graduation Date:	
1. Upon completion of high school, which nursing program do you plan to attend? _____				
2. Is this an associate degree or bachelor's degree program?    Associate    Bachelor's				
3. If you are attending an associate degree program, which nursing program do you plan to attend to obtain your BSN? _____				

All information is confidential and for programmatic purposes only.

**NURSING PROGRAM** *(Skip this section if you are not currently enrolled in a nursing program)*

Are you currently enrolled in a nursing program?    Yes    No

If yes, which nursing program are you currently enrolled and what is your anticipated graduation date?

1. Nursing program: \_\_\_\_\_
2. Anticipated Graduation Date: \_\_\_\_\_

If the nursing program in which you are currently enrolled is an associate degree program, which nursing program do you plan to attend to obtain your BSN?

1. Nursing program: \_\_\_\_\_
2. Anticipated enrollment date for BSN? \_\_\_\_\_

If no, which nursing program do you plan on attending and what is your anticipated enrollment date?

1. Nursing program: \_\_\_\_\_
2. Anticipated enrollment date: \_\_\_\_\_

If you plan to enroll in an associate degree program, which nursing program do you plan to attend to obtain your BSN? \_\_\_\_\_

*Please submit a copy of the transcript with this application. An official transcript will be required before the scholarship will be awarded to the chosen recipient. If an applicant has been out of school for more than 10 years transcript is not required.*

**EMPLOYMENT**

Are you currently employed?    Yes    No

If yes, where are you employed:

Position:	Hours work per week:	How long have you worked in your current position?
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**PERSONAL STATEMENT**

Your personal statement should be typed and attached to this application. Please address the following categories:

1. Brief introduction of yourself.
2. Extracurricular activities, community involvement and/or volunteer activities.
3. Past awards and/or personal achievements.
4. Current and/or past positions, roles and/or experiences in which you have demonstrated your leadership skills and abilities.
5. Career goals
6. Why you believe you should be awarded the Peg Edwards Nursing Scholarship.
7. Any other personal information you would like the Scholarship Selection Committee to know about you.

**ESSAY**

Your essay should be typed and included with this application. Please answer the following question:  
**How do you feel you will make a positive contribution to the health care industry by working in the nursing profession?**

**RECOMMENDATIONS (2)**

1. Letters must include contact information of the letter writer.
2. Letters must be in a sealed envelope with the letter writer’s signature across the seal of the envelope.

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Application and all supporting documentation must be submitted together in one packet.

1. Application (Don’t forget to sign the last page of the application.)
2. Letters of recommendation (2)
3. Copy of transcript (if applicable)
4. Personal statement
5. Essay

Application must be submitted by mail to:

**Good Samaritan Hospital Foundation  
1 Good Samaritan Way  
Attention: Peg Edwards Nursing Scholarship  
Mt. Vernon, Illinois 62864**

*I hereby affirm that all the information provided by me in this application and its attachments is my own work and is true and correct to the best of my knowledge and belief.*

*I hereby affirm that I intend to obtain at least a bachelor’s degree in nursing upon completion of my post-secondary education at the institution(s) of my choice.*

*I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Peg Edwards Nursing Scholarship and/or SSM Health.*

*I hereby understand that if chosen as the Peg Edwards Nursing Scholarship winner, I must provide evidence of enrollment/registration in an accredited nursing program before scholarship funds can be awarded. If I have not been out of school for more than ten (10) years, I will be required to provide an official transcript from the school I most recently attended and/or graduated from.*

Signature of Applicant:

Date:

**NOTE:** This scholarship program is a competitive process, and only eligible applications will be evaluated. All eligible applications may not receive funding. **The scholarship application must be completed in its entirety to be eligible for consideration.** A scholarship certificate will be awarded when the recipient has been selected, however, a scholarship check will be awarded only when the scholarship recipient provides evidence of enrollment/registration in an accredited nursing program. Specific details will be given to recipient when certificate is presented.