

**Applicant Name** \_\_\_\_\_  
Last First  
**School** (currently attending) \_\_\_\_\_

## **ST. CATHERINE HOSPITAL AUXILIARY 2025-2026 SCHOLARSHIP APPLICATION**

All undergraduate scholarship applicants (17-22 yrs).

The completed application and additional required documentation must be returned in a sealed envelope to St. Catherine Hospital – Attn: Gift Shop – Scholarship Application, 4321 Fir St, East Chicago, IN 46312, or you may drop-off your application at our Gift Shop; Gift Shop hours are M-F, 11 a.m. - 3 p.m.

**The due date is Monday June 2<sup>nd</sup>, 2025 at 3:00 p.m.  
no exceptions.**

An incomplete packet will be disqualified upon receipt. Be certain to sign and date the last page of the application.

Application Checklist:

\_\_\_\_\_ **School transcripts** from your high school (including SAT/ACT scores) or college.

\_\_\_\_\_ Letter(s) of acceptance from the educational institution applicant is planning to attend (**high school applicants only**).

\_\_\_\_\_ Two (2) letters of recommendation in support of your application, one from a current instructor and one from another source (church, employer, etc.); Letters from relatives are not acceptable.

\_\_\_\_\_ A one (1) page, typed essay of your goals in the healthcare field.

\_\_\_\_\_ Your involvement in community service, work experiences and any honors or awards you have received.

\_\_\_\_\_ A photocopy of the employee's/volunteer member's badge. This is applicable only for employees/auxiliary members and/or their dependents (17-22yrs).

Any questions, please call the auxiliary at 219-392-7035. (Applicants only)

# ST. CATHERINE HOSPITAL AUXILIARY SCHOLARSHIP

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

## COLLEGE/UNIVERSITY/TECHNICAL SCHOOL INFORMATION

List the top four schools  
you are considering:

Have you received official  
notification of acceptance?

Scholarships/financial aid  
offered from each school  
(if known at this time)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other outside scholarship(s) you have received or expect to receive (if known at this time):

Name/Source of Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name/Source of Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name/Source of Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Full-Time Student? \_\_\_\_\_ Yes \_\_\_\_\_ No If "no" how many credit hours \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Name: \_\_\_\_\_

## HIGH SCHOOL APPLICANTS ONLY

### SCHOOL ACTIVITIES:

| Grade(s) | School Activities/Clubs/Academic Teams | Leadership Positions/Awards |
|----------|--|-----------------------------|
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |
| _____    | _____                                  | _____                       |

| Grade(s) | Athletics | Letters/Awards |
|----------|-----------|----------------|
| _____    | _____     | _____          |
| _____    | _____     | _____          |
| _____    | _____     | _____          |
| _____    | _____     | _____          |

### WORK EXPERIENCE:

| Grade(s) | Work Experience/Employer | # Hours Worked Per Week |
|----------|--------------------------|-------------------------|
| _____    | _____                    | _____                   |
| _____    | _____                    | _____                   |
| _____    | _____                    | _____                   |
| _____    | _____                    | _____                   |

### COMMUNITY/RELIGIOUS ACTIVITIES:

| Grade(s) | Community or Religious Activity |
|----------|---------------------------------|
| _____    | _____                           |
| _____    | _____                           |
| _____    | _____                           |
| _____    | _____                           |
| _____    | _____                           |
| _____    | _____                           |

Name: \_\_\_\_\_

**COLLEGE APPLICANTS ONLY****CAMPUS ACTIVITIES:**

| Year  | Campus Event/Function |
|-------|-----------------------|
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**WORK EXPERIENCE:**

| Year  | Work Experience/Employer | # Hours Worked Per Week |
|-------|--------------------------|-------------------------|
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**COMMUNITY/RELIGIOUS ACTIVITIES:**

| Year  | Community or Religious Activity |
|-------|---------------------------------|
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Will it be necessary for you to work while pursuing a higher education? \_\_\_\_\_

If yes, approximately how many hours do you anticipate working per week? \_\_\_\_\_

**Please note:**

All scholarship funds must be utilized during the current school year; any unused funds will be placed back into the scholarship fund account and will be unavailable for distribution.

In order to receive the 2<sup>nd</sup> scholarship distribution check, your school transcripts current grades (GPA 3.0 or better), proof of enrollment of your next semester's classes and letter verifying completion of your required (10) volunteer hours must be received in a sealed envelope by January 30, 2026; as indicated in the scholarship guidelines.

**CERTIFICATION**

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge. Furthermore, I authorize St. Catherine Hospital to utilize this information for public relations and marketing purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if applicant is under 18)

\_\_\_\_\_  
Date

If you may have any questions/concerns, only the applicant may contact the scholarship committee at 219-392-7035.

**FOR OFFICE USE ONLY**

**Completed Application Received:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Incomplete Application Received:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature