

**Applicant Name** \_\_\_\_\_  
Last First

**School (currently attending)** \_\_\_\_\_

## ST. CATHERINE HOSPITAL AUXILIARY 2026/2027 SCHOLARSHIP APPLICATION

### All undergraduate scholarship applicants (ages 17-22):

The completed application and additional required documentation must be drop-off in a sealed envelope to the St. Catherine Hospital Gift Shop between 11 am-3 pm Monday through Friday.

**The due date is 3 pm Monday, June 1, 2026.**

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.

\_\_\_\_\_ One-page (1), 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 (ages 17-22).

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

**WORK EXPERIENCE:**

| Year  | Work Experience/Employer | # Hours Worked Per Week |
|-------|--------------------------|-------------------------|
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |
| _____ | _____                    | _____                   |

**COMMUNITY/RELIGIOUS ACTIVITIES:**

| Year  | Community or Religious Activity |
|-------|---------------------------------|
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |
| _____ | _____                           |

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 29, 2027; 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**

|   |       |           |
|---|-------|-----------|
| <b>Completed Application Received:</b>  | _____ | _____     |
|   | Date  | Signature |
| <b>Incomplete Application Received:</b> | _____ | _____     |
|   | Date  | Signature |