



**SSMHealth**

*In partnership with the Felician Sisters*

Good Samaritan Hospital  
Mt. Vernon

1 Good Samaritan Way  
Mt. Vernon, IL 62864

phone: 618-242-4600

ssmhealthillinois.com

2024

To: High School Guidance Counselors and Scholarship Applicants

In 2024 the SSM Health Good Samaritan Auxiliary in partnership with the Warren/Holler families will be offering 9, \$1,000-\$1,500 scholarships to our service area's graduating seniors who are pursuing healthcare related careers. Enclosed are the application packets that students should use in order to apply for these scholarships.

(NOTE: Only one completed application is required for all scholarships provided.)

Applicants must:

- Submit a copy of their letter of acceptance from an accredited school/university,
- Submit an essay telling why they have chosen to pursue a health-related field, their experience and dreams.
- Provide an official transcript of their grades from their high school (seven semesters),
- Provide financial information relevant to their household,
- Provide two letters of reference (non-familial)

**The application and all supporting documentation must be returned to:**

**SSM Health Good Samaritan Hospital**

**Auxiliary Scholarship Committee**

**1 Good Samaritan Way**

**Mt. Vernon, IL 62864**

**The deadline is 5 p.m., March 29, 2024.**

All applicants will be informed of the scholarship committee's decision. The scholarship recipients and their parents will be invited to a scholarship banquet at the hospital in late May. The scholarship checks will be distributed at that time. Photos will be taken at the banquet and a press release will be issued listing the scholarship winners.

Thank you, counselors, for making these application packets available to your interested students. Feel free to make additional scholarship packets should you not have enough. Applicants, we appreciate your interest and look forward to meeting you at the interview.

Sincerely,

Marietta Lamberson

Scholarship Chairperson, SSM Health Good Samaritan Hospital Auxiliary



## **2023 SCHOLARSHIP ELIGIBILITY REQUIREMENTS**

### **Student criteria:**

- \* A graduating high school senior in good academic standing within the hospital service area.
- \* Major interest in pursuing a health care career/profession.
- \* Acceptance by an accredited university or college offering educational opportunities in a health care field.

### **AS PART OF YOUR APPLICATION PACKET, PLEASE INCLUDE THE FOLLOWING DOCUMENTS:**

1. Completed and signed application form.
2. Two (2) letters of reference from a teacher, counselor, employer, supervisor, or a minister. These letters should be sent directly to:

SSM Health Good Samaritan Hospital Auxiliary  
Scholarship Committee  
1 Good Samaritan Way  
Mt. Vernon, Illinois 62864

2. A personal essay stating why you are interested in a particular health related career. Please include the health area that you are interested in. Include volunteer experience , employment experience, any healthcare certifications, and your dreams for the future.
3. A copy of your acceptance letter from the educational institution you will be attending.
4. An official copy of your high school transcript (seven semesters).

### **THE FOLLOWING SCHOLARSHIP APPLICATION AND SUPPORTING**

2024 Good Samaritan Auxiliary Scholarship Application

**DOCUMENTS ARE DUE  
IN THE AUXILIARY OFFICE  
AT SSM HEALTH GOOD SAMARITAN HOSPITAL  
1 GOOD SAMARITAN WAY  
MT. VERNON, IL 62864  
BY 5:00 P.M. MARCH 29, 2024.**

SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE/TIME/LOCATION of your high school's AWARDS EVENT \_\_\_\_\_

Are you a child or grandchild of a full time employee of SSM Good Samaritan Hospital or an Auxiliary member? Yes \_\_\_\_ No \_\_\_\_

Are you a child or grandchild of a retired employee or former Auxiliary member? Yes \_\_\_\_ No \_\_\_\_

EDUCATION/EXPERIENCE

Accumulated grade point average: \_\_\_\_\_

CONFIDENTIAL INFORMATION

Father's Name: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Father's Occupation and Annual Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Occupation and Annual Income: \_\_\_\_\_

Number of dependents \_\_\_\_\_

Number attending college in 2024 \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

1. All applicants will be notified of their status as soon as possible after the entire process has been completed.
2. A Scholarship certificate will be presented at your high school awards event. Your scholarship check will be presented at the GSH Scholarship Banquet in late May, 2024.



**RELEASE OF INFORMATION  
SCHOLARSHIP APPLICATION**

I hereby consent to the release of any/all requested information relevant to my 2024 SSM Health Good Samaritan Hospital scholarship application. Such information, in the sole judgment of the SSM Health Good Samaritan Auxiliary, may be used in evaluating my application. I hereby waive any confidentiality restrictions with respect to this information insofar as the SSM Health Good Samaritan Hospital Auxiliary is concerned. It is my understanding that the information I provide will be used solely for the evaluation of my scholarship application and for no other purpose.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Completed

cc: Applicant File