

## Educational Scholarship Application Employees of Ascension Allegan

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Please print clearly.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

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Name of educational institution: \_\_\_\_\_

Chosen area of study: \_\_\_\_\_

Leading to a degree? If so, state degree: \_\_\_\_\_

Have you been accepted to this school?  YES  NO Are you enrolled for classes?  YES  NO

Student ID #: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Date classes will begin (or have begun): \_\_\_\_\_ Date tuition is required: \_\_\_\_\_

Mailing address for Financial Aid Office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Have you applied for the Ascension Allegan Tuition Reimbursement Program (or will you)?  YES  NO  
(If yes, please use the comments section to describe the effects of the tuition refund program on your total tuition.)

If you will be eligible for the Ascension Allegan Tuition Reimbursement Program, please indicate the balance not covered by Tuition Reimbursement: \$ \_\_\_\_\_

How much assistance are you applying through the Ascension Allegan Foundation Scholarship Program: \$ \_\_\_\_\_

Have you applied for a scholarship and/or grant (any form of education assistance that does not require repayment) from any other source?  YES  NO  
(If yes, state source(s) and amount(s) in the comments section.)

Have you received an Ascension Allegan Foundation Scholarship in the past?  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*MANDATORY APPLICATION REQUIREMENTS\***

- In a brief essay no longer than one page, please tell us why you are applying for this scholarship and if received, what you hope to accomplish in the future with your continued studies in nursing or healthcare.
- Please include one letter of reference.
- Please include a transcript showing classes you will be taking.
- Please include any receipts for tuition already paid.

**Scholarships are awarded based on merit, need and availability of funds.**

**\*Please note that incomplete applications will not be eligible for review by the Ascension Allegan Foundation Scholarship Selection Committee. In addition, old and outdated scholarship applications will not be accepted.**

I attest that the above information is correct to the best of my knowledge. In the event I am awarded an Educational Scholarship, I give the Ascension Allegan Foundation permission to submit a media release with my photograph and information I have furnished.

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

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Please submit completed applications and supporting documentation to:

Ascension Allegan Foundation  
555 Linn Street  
Allegan, Michigan 49010  
Telephone: 269.686.4234  
Email: foundation@aghosp.com

*Applications are accepted at any time. For consideration during our Spring Round, **applications must be submitted by the third Friday in APRIL**. For consideration during our Autumn Round, **applications must be submitted by the third Friday in OCTOBER**. If you are awarded a scholarship, we will try our best to present the award before the tuition due date. In some cases, you may have to pay tuition ahead of time. Also, if you are awarded a scholarship, we will apply your award to the upcoming Semester unless otherwise noted on your application.*