

# 2018 APPLICATION FOR ACADEMIC ASSISTANCE



*Caring. Commitment. Community.*

**Deadline for Application: February 14, 2018 by 4:00pm**

**Drop off in Human Resources at Hillsdale Hospital**

## Student Information

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

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

## Educational Information

Current Grade Level: \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

High School Telephone: \_\_\_\_\_

**GPA\*:** \_\_\_\_\_ High School Counselor: \_\_\_\_\_  
(Must be 3.0 or above)

Telephone Number: \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_ Rank \_\_\_\_\_ in a class of \_\_\_\_\_

## College/University Information

List colleges, in order of preference, you have applied to:

1. \_\_\_\_\_ Accepted? \_\_\_ Application Pending \_\_\_
2. \_\_\_\_\_ Accepted? \_\_\_ Application Pending \_\_\_
3. \_\_\_\_\_ Accepted? \_\_\_ Application Pending \_\_\_

Proposed area of study: \_\_\_\_\_

**\* Please attach a copy of your transcripts.**

## References

(Please list two instructors or school administrators and telephone numbers or provide written letters of recommendation from the same.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School and Community Activities:**

Please list extracurricular, community, and religious activities you have participated in during the past 4 years. Please list the activities in order of importance to you.

Activity	Year(s)	Leadership Positions, Awards and Recognition
<i>Example: Student Council</i>	<i>9<sup>th</sup>-12<sup>th</sup> grade</i>	<i>Treasurer</i>

**Academic Honors**

Please list academic honors you have received during high school.

Honor or Award	Year(s) Received
<i>Example: English Award</i>	<i>10<sup>th</sup> grade</i>

**Career/Educational Goals**

(Please indicate your educational goals and why you want to pursue a career in health care. Please provide a 500 word or less-essay and attach to application)

Please indicate why this opportunity is important to you and why you would want to work at Hillsdale Community Health Center (HCHC). Please provide a 500 word or less essay and attach to application.

**Family Information** (Fill out this section only if your parents claim you as a dependent on their tax return.)

Name of Parents/Guardians: \_\_\_\_\_

Father's Employment: \_\_\_\_\_

Occupation

Employer

Mother's Employment: \_\_\_\_\_

Occupation

Employer

Number of brothers and sisters: Older than you \_\_\_\_\_ Younger than you \_\_\_\_\_

Number of family members (including parents) in college: \_\_\_\_\_

Explain: \_\_\_\_\_

**Financial Information**

A. Have you filled out the Free Application for Federal Student Aid (FAFSA)? No\_\_ Yes\_\_ Date submitted: \_\_\_\_\_

B. Expected Family Contribution (EFC), from FAFSA Student Aid Report (SAR): \_\_\_\_\_

C. Total family income (adjusted gross income from tax return):

\_\_\_\_\_ Below \$20,000                      \_\_\_\_\_ \$40,000 to \$50,000                      \_\_\_\_\_ \$60,000 to \$70,000

\_\_\_\_\_ \$20,000 to \$30,000                      \_\_\_\_\_ \$50,000 to \$60,000                      \_\_\_\_\_ Above \$70,000

\_\_\_\_\_ \$30,000 to \$40,000

D. Financing your intended educational program: (Please give costs for your first choice college.

1. Projected total cost of first year (Please itemize below).....\$ \_\_\_\_\_

Tuition \_\_\_\_\_

2. Financial aid received from other sources (scholarships, Pell Grants, loans, etc.)..... \$ \_\_\_\_\_

3. Difference between lines 1 and 2.....\$ \_\_\_\_\_

Please describe any unusual financial circumstances in your household: \_\_\_\_\_

**Acknowledgment:**

Application for educational loan assistance does not guarantee acceptance into the Hillsdale Hospital Educational Assistance program. All applications will be considered on an individual basis and the educational program being pursued. Financial assistance will be based on fees and charges of local accredited programs within the State of Michigan. Only tuition will be covered by this scholarship. The completion of any program does not guarantee employment.

I voluntarily give Hillsdale Hospital the right to make a thorough investigation of my past activities. I understand that if I have given any false information on this application or if I have omitted any material facts, I may be disqualified from the program, or if accepted, I may be discontinued from the program upon any misrepresentation or omission.

If accepted into the Educational Loan Assistance Program, I agree to execute a Loan Agreement, which will set forth my loan repayment obligation as well as my right to forgiveness of that obligation.

I understand and agree with the above statements and to the best of my knowledge provided complete and accurate information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_