



FEB 14 2008

Please inform your eligible students about the
**ST. ANTHONY'S MEDICAL CENTER
HEALTH PROFESSIONS SCHOLARSHIP.**

We are delighted to announce Year 3 of the generous health professions scholarship program made possible by the St. Anthony's Medical Center Foundation Board of Directors.

In the first two years, over \$240,000 has been awarded to eligible applicants!

Up to \$150,000 in need-based, renewable awards will be awarded annually to students from the St. Anthony's service area who are enrolled in eligible **BSN, Physical Therapy, Respiratory Therapy or Pharmacy** programs in **Missouri** or at **Southern Illinois University**.

Scholarships: **\$2,000 to \$10,000 per year. Renewable up to four years. Need-based.**

- Eligibility:
- ✓ **Nursing (BSN), Physical Therapy (MPT or DPT), Respiratory Therapy (B.H.S) or Pharmacy (Pharm.D.)** students **within 48 months of graduation**. Only have one year left? Apply!
 - ✓ **3.0 GPA** on 4.0 scale (or equivalent) to apply. Satisfactory progress to re-apply.
 - ✓ **Demonstrated financial need.**
 - ✓ **Permanent residence in St. Anthony's service area** in South St. Louis County, South St. Louis City, Jefferson County, Ste. Genevieve County, and Southern Illinois.
Eligible zip codes: 62236, 62239, 62278, 62298, 63010, 63012, 63016, 63019, 63020, 63023, 63025, 63026, 63028, 63048, 63049, 63050, 63051, 63052, 63060, 63070, 63072, 63109, 63111, 63116, 63118, 63119, 63122, 63123, 63125, 63126, 63127, 63128, 63129, 63627, 63628, 63630, 63670.

Dependent children of St. Anthony's employees are not eligible to apply for the Health Professions Scholarship. For information about employee education benefits and scholarships, visit www.stanthonysmedcenter.com

Deadline: All application materials must be postmarked by **April 15**.
Hand delivered applications will be accepted until 5 p.m. on April 13.
No faxed or emailed applications will be accepted.

Applications: Available at www.stanthonysmedcenter.com

Questions: Contact Amy B. Murphy, Donor Services and Scholarship Officer at the Greater Saint Louis Community Foundation, at 314.588.8200, ext. 132, or amurphy@gstlcf.org



NORBERT SIEGFRIED HEALTH PROFESSIONS SCHOLARSHIP

Overview and Instructions for the 2008 APPLICATION

The St. Anthony's Medical Center Norbert Siegfried Health Professions Scholarship is open to academically qualified (3.0 on a 4.0 scale) residents of the Medical Center's service area (defined below) who demonstrate financial need as full time students at a regionally accredited Missouri college or university or Southern Illinois University and are enrolled in a degree program in **Nursing** (BSN), **Pharmacy** (Pharm.D.), **Respiratory Therapy** (B.H.S. in R.T.) or **Physical Therapy** (MPT or DPT).

Up to \$150,000 in Health Professions Scholarships are made possible annually through the generosity of the St. Anthony's Medical Center Foundation Board of Directors.

Students within forty-eight months of graduation from an eligible program are encouraged to apply. Recipients may reapply for award consideration for a maximum of four years of funding provided they continue to meet eligibility requirements.

Students are eligible to apply if their permanent address is located within the St. Anthony's Medical Center service area, as defined by the following postal codes in South St. Louis County, South St. Louis City, Jefferson County, Ste. Genevieve County and Southern Illinois: 62236, 62239, 62278, 62298, 63010, 63012, 63016, 63019, 63020, 63023, 63025, 63026, 63028, 63048, 63049, 63050, 63051, 63052, 63060, 63070, 63072, 63109, 63111, 63116, 63118, 63119, 63122, 63123, 63125, 63126, 63127, 63128, 63129, 63627, 63628, 63630, 63670.

Applications will be evaluated by the Greater Saint Louis Community Foundation (GSTLCF) on the basis of past academic performance, potential for continued success, the quality of the essay and recommendations and evidence of the student's commitment to the healthcare field. Selection of the recipients and the scholarship amount, ranging from \$2,000 to \$10,000, will be determined by the GSTLCF from information provided by the applicant, the applicant's family, and the schools. The only financial information that will be released to the sponsoring organization will be the award amount.

Eligible students may obtain an application from the St. Anthony's Bulletin Board or Education office or from the Medical Center's website www.stanthony.medcenter.com or the website of the Greater Saint Louis Community Foundation www.gstlcf.org. Each applicant will be notified of his or her status in the competition by June 1. Scholarship recipients will be expected to attend a reception in their honor.

The following application materials must be postmarked to the Community Foundation by April 15:

- Completed, signed **Application** and **Essay**
- Cumulative **Transcript** of academic work through the Fall term and a list of current coursework
- **Two Letters of Recommendation**: one from an instructor; and one from a supervisor, employer, or clergy member.
- **Financial Aid Award letter** from the college or university you will attend
- Photocopy of current FAFSA **Student Aid Report** (SAR) that includes the Expected Family Contribution (EFC).

See page two for more detailed information about required application materials.

The St. Anthony's Medical Center Health Professions Scholarship program is administered by the Greater Saint Louis Community Foundation. Eligibility, financial need, and award amount will be determined by the Greater Saint Louis Community Foundation.

All application materials should be sent to: ST. ANTHONY'S MEDICAL CENTER HEALTH PROFESSIONS SCHOLARSHIP
GREATER SAINT LOUIS COMMUNITY FOUNDATION
319 NORTH FOURTH STREET SUITE 300
ST. LOUIS, MO 63102

Questions? Contact Amy B. Murphy, Donor Services & Scholarship Officer, at 314.588.8200, ext. 132, or amy@gstlcf.org

The St. Anthony's Medical Center Scholarship program, as a component fund of the Greater Saint Louis Community Foundation, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability.



NORBERT SIEGFRIED HEALTH PROFESSIONS SCHOLARSHIP 2008 APPLICATION

Postmark deadline for application and supporting materials: **April 15**. Complete all items. Label all enclosures with your full name.

1. Name _____ 2. Soc. Sec. # _____
First Middle Last

3. Permanent Address _____
Street City/State Zip

4. Telephone number (____) _____ 5. Mobile phone number (____) _____

6. Email address: _____ 7. Date of Birth _____ 8. Age _____
Month Day Year

9. Marital Status: Single _____ Married _____ 10. Gender: Male _____ Female _____

11. I am an applicant for financial aid at the college I plan to attend. Yes No If No, attach a note explaining why not.

12. I will be able to complete my degree program within forty-eight months of this coming August. Yes No

13. Alternate contact (spouse, parent, guardian, adult sibling) Name _____

14. Address (if different from #3 above) _____
Street City/State Zip

15. Daytime Phone Number (____) _____ Extension _____ 16. Mobile phone number (____) _____

17. How did you learn about the St. Anthony's Medical Center Norbert Siegfried Health Professions Scholarship program? _____

20. Applicant's current college _____
Name

21. Address _____ 22. High School graduation date _____
Street City / State Zip Month Year

23. College you plan to attend Fall 2008: _____
name city and state

24. Indicate the Academic program and degree being pursued: _____

25. Expected program completion date: _____ 26. Preferred work setting upon graduation? _____
month and year

27. Provide information on your **work experience** including family business:

Name of business	Hours worked per week	Employed from mo/yr. to mo/yr.	Title and Job duties
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

NORBERT SIEGFRIED HEALTH PROFESSIONS SCHOLARSHIP

Letter of Recommendation

Applicant Name:

Instructions for person making the recommendation

- Complete the form. Attach a letter if you wish to expand on the information requested here.
- Place completed recommendation in an envelope, seal and sign your name across the seal. Return the form to the applicant or mail directly to: St. Anthony's Medical Center Health Professions Scholarship, Greater Saint Louis Community Foundation, 319 N. Fourth Street Suite 300, St. Louis, MO 63102

How long have you known the applicant?

Identify the associations you have had with the applicant. Check all that apply.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Employer/Supervisor | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Other _____ |

Please rate the applicant by entering a ✓ in the appropriate spaces below.

	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-Making Ability					
Organizational Skills					
Communication Skills: Written					
Oral					
Adaptability to Stress					
Positive Attitude					
Integrity / Honesty					
Interpersonal Sensitivity					
Leadership Ability					
Ability to commit to: A goal					
Persons					

In addition to the ratings, please give your assessment of this student's commitment to and suitability to be a healthcare professional. Attach a letter or use the reverse side of this form if extra space is needed.

My recommendation is:
 Highly recommend
 Recommend
 Recommend with reservations
 Do not recommend

Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Daytime Telephone Number	Email Address

NORBERT SIEGFRIED HEALTH PROFESSIONS SCHOLARSHIP

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|---|--|--------------------------------------|
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Interpersonal Sensitivity					
Leadership Ability					
Ability to commit to: A goal					
Persons					

In addition to the ratings, please give your assessment of this student's commitment to and suitability to be a healthcare professional. Attach a letter or use the reverse side of this form if extra space is needed.

My recommendation is:
 Highly recommend Recommend Recommend with reservations Do not recommend

Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Daytime Telephone Number	Email Address