



***Community Benefits
The John Learnard Legacy Scholarship
Academic Year 2017/18***

In an effort to increase access to education to our culturally diverse community, Good Samaritan Medical Center will offer **three \$1000 scholarships** to local students pursuing a career in health care, human service or social work. The scholarships are awarded to community members residing and planning to work within the Good Samaritan Medical Center service area.

In order to be eligible for one of the \$1,000 John Learnard Legacy Scholarships, the candidate must:

1. Be a resident of the Good Samaritan Medical Center service area: Abington, Avon, Bridgewater, Brockton, Canton, Easton, East Bridgewater, Hanson, Holbrook, Mansfield, Middleboro, Norton, Randolph, Raynham, Sharon, Stoughton, Taunton, West Bridgewater and Whitman.
2. Be entering or pursuing a degree in nursing/health care or social work related profession at an accredited college, university, or enrolled in a program leading to eligibility of state license/certification.
3. Be a graduating high school senior, or college student, or enrolled in a program leading to eligibility of state license/certification, or demonstrated a commitment to the health and human service profession through high school course work or equivalent.
4. Exemplify traits of a dedicated student in maintaining a minimum of a 3.0 grade point average and an excellent school attendance record, and;
5. Provide a copy of your official High School Diploma or, High School equivalent certificate or most recent school transcript.
6. Be able to demonstrate a commitment to community through continuous volunteerism that benefits the health and wellbeing of others.
7. Complete, in full, the ***Good Samaritan Medical Center John Learnard Legacy Scholarship Application***.
8. Award must be used during 2017/18 academic year.
9. Individuals that are bilingual are highly encouraged to apply.

Deadline for submission of application is **Friday, April 21, 2017**. Applications must be sent via email to: Paulo.gomes@steward.org

**Paulo Gomes, MSHS
Director of Community Health
Good Samaritan Medical Center
235 North Pearl Street
Brockton, MA 02301**

Scholarship award recipients will be notified via email with award letter to follow. Award recipients will be required to forward proof of active enrollment in College/University or state license/certification program. Scholarships will be awarded for the Fall Session of 2017. Further information may be obtained by contacting Paulo Gomes at (508) 897-6202 or via the email address above.

If awarded, Steward Health Care System LLC and Good Samaritan Medical Center, and their affiliates, (collectively “Steward”) have my permission to use program my picture(s), and/or recording(s) of any kind, visual and/or audio, (collectively “Media”) for educational, informational, promotional and/or public relations purposes. Check the following box if you agree

The Scholarship Committee reserves the right to re-allocate scholarship funds to another community benefits priority area if no qualified applications are submitted prior to the deadline, or if an insufficient number of qualified applicants do not meet the requirements.



**Good Samaritan Medical Center
John Learnard Legacy Scholarship Application
Academic Year 2017-2018**

Please type or print your answers below. If application is illegible it will be returned.							
1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name: _____</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Middle Name: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	First Name: _____	Last Name: _____	Middle Name: _____			
First Name: _____	Last Name: _____						
Middle Name: _____							
2	Residential Address: _____ Mailing Address(if different): _____						
3	Phone: _____ Email address: _____						
4	If under the age of 18, provide information of your legal guardian(s): Name: _____ Relation: _____ Name: _____ Relation: _____ Address: _____ Phone: _____ Do you currently reside with your legal guardian(s)? Yes No						
5	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Are you or anyone in your family currently an employee of Good Samaritan Medical Center?</td> <td style="width: 30%; border-bottom: 1px solid black;">Circle: Yes No</td> </tr> </table>	Are you or anyone in your family currently an employee of Good Samaritan Medical Center?	Circle: Yes No				
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6	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Have you ever been awarded the John Learnard Legacy Scholarship? <i>(If yes, please provide dates):</i></td> <td style="width: 30%; border-bottom: 1px solid black;">Circle: Yes No</td> </tr> </table>	Have you ever been awarded the John Learnard Legacy Scholarship? <i>(If yes, please provide dates):</i>	Circle: Yes No				
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7	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Educational History High School/ H.S. Equivalent (if applicable): _____</td> <td style="width: 30%; border-bottom: 1px solid black;">What year did you graduate:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Phone: _____</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Educational History High School/ H.S. Equivalent (if applicable): _____	What year did you graduate:	Address: _____		Phone: _____	
Educational History High School/ H.S. Equivalent (if applicable): _____	What year did you graduate:						
Address: _____							
Phone: _____							
8	School/College/University attending in 2017/18: _____ Address: _____ Phone: _____						
9	What year will you enter school? (circle one) Freshman Sophomore Junior Senior Post Graduate Other: _____						
10	What is your elected major or course of study? _____						

11	Enrollment Status (circle one) Full Time Part Time Other: _____					
12	Most recent Grade Point Average (GPA): _____ (On a 4.0 scale) <i>Your most recent official school transcript is required</i>					
13	Schools/Colleges/Universities you have attended		Year Began	Year Ended	Did you Graduate? Yes/No	Type of Degree Received
	A					
	B					
	C					
14	Expenses List expenses you expect to incur this semester (Approximate figures acceptable)					
	A	Tuition:				
	B	Books:				
	C	Room & Board:				
	D	Transportation:				
	E	Other Expense:				
	F	Comments:				
15	Income List other financial assistance you will receive this semester					
	A.	Personal Income (Monthly):				
	B.	Other Scholarship(s):				
	C.	Grants:				
	C.	Student Loan(s):				
	D.	Other Financial Resources:				
16	Volunteer Experience (List community organization(s) you have volunteered with)					
	Organization(s):		Date(s):	Supervisor:	Phone:	

17	Awards/Honors (List any awards, certificates, honors or offices held)					
	Organization:		Title:	Date:		

18	Skills, Hobbies, Interests (Languages spoken, etc.)					

To complete your application packet, please attach the following supporting documents:

1. an essay of no more than 1,000 words stating why you have chosen to pursue a career in health or human service, and your career goal,
2. most recent school transcript including class rank, or a High School equivalent certificate (if applicable),
3. proof of active enrollment in a program leading to a career in health or human service,
4. Two current letters of reference.
 - a. Your guidance counselor or advisor
 - b. A professional reference (A work or volunteer supervisor)

Applicant's Signature _____ Date _____

Incomplete or applications received after the deadline of, Friday, April 21, 2017 will not be considered.