

Holly Estus Memorial Scholarship Application

Holly Estus Memorial Scholarships for nursing are outright grants, but recipients may make repayments to the fund after they complete college and begin working, so that others may also benefit from the scholarship.

☐ Please check box if you are willing to try to make repayment after college graduation.

Part I.

<u>Name:</u>	<u>SS#:</u>
<u>Street / PO Box:</u>	<u>Home Phone #:</u>
<u>Town:</u>	<u>Zip Code:</u>
<u>Name of High School:</u>	<u>Year Graduated:</u>

Part II.

College information:

<u>College you plan to attend:</u>	<u>Major:</u>
<u>Professional Goal:</u>	<u>Year you plan to graduate:</u>
<u>College status in 2023/2024:</u> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<u>Will you be commuting?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>In 2023/2024 do you plan to live:</u> <input type="checkbox"/> On campus <input type="checkbox"/> Off campus <input type="checkbox"/> With parents/ family <input type="checkbox"/> Other	<u>Anticipated College costs per year:</u> \$

Estimated Resources:

<u>From Earnings: \$</u>	<u>Spouse Earnings: \$</u>
<u>Pell Grant: \$</u>	<u>From Parents: \$</u>
<u>Tap Award: \$</u>	<u>College Scholarship: \$</u>
<u>EOP / SEOG: \$</u>	<u>College Workstudy: \$</u>
<u>College Loans: \$</u>	<u>Student Loans: \$</u>
<u>Other: \$</u> (specify)	

Please list the total of your student loan obligations

Perkins Loan from your College Financial Aid Office	\$
Stafford Loan obtained through your bank	\$
Parent Loan (PLUS) obtained through your bank	\$
College Loan	\$
Other (specify)	\$

PART III. HOUSEHOLD INFORMATION

If according to Financial Aid regulations, you are considered a DEPENDENT student, please complete section A. If you are considered an INDEPENDENT student, complete section B.

Section A: Dependent Student Information:

<u>Parents Marital Status</u>	
<input type="checkbox"/> married	<input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> single
<u>Number of Children in Household including applicant:</u>	
<u>Number of children in college next year (including applicant):</u>	
<u>Father's/Stepfather's occupation:</u>	<u>Employer:</u>
<u>Mother's / Stepmother's occupation:</u>	<u>Employer:</u>

<u>Gross family income for 2022:</u> (include all sources such as wage, Social Security, Unemployment, Retirement, Pensions, Disability, Social Services)	\$ _____
<u>Student's Income for 2022:</u>	\$ _____
<u>Parent's estimated Income for 2023:</u>	\$ _____
<u>Child support payments received:</u>	\$ _____
<u>Child support paid for children not in household:</u>	\$ _____

Go to section C

Section B: Independent student information:

<u>Marital Status:</u> <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> single	<u>Gross Family Income for 2022:</u> \$
<u>Number of children in household:</u>	<u>Child Support payment received:</u> \$
<u>Age of children:</u>	<u>Child Support paid for children not in household:</u> \$
<u>Number of family members in college next year (including applicant)</u>	
<u>Student 's Occupation:</u>	<u>Student's Employer:</u>
<u>Spouses Occupation:</u>	<u>Spouses Employer:</u>

Section C:**Extra Curricular Activities (include years participated):**

<u>Activity</u>	<u>Years Participated</u>

Unusual family circumstances: ☐ Yes ☐ No
(If yes, please explain below)

If you would like us to know anything about you or your situation not covered in this application, please describe below: (use back for more space)

Signature of Applicant: _____ **Date:** _____

Signature of Parent / Spouse: _____ **Date:** _____

Please have your guidance counselor submit a copy of your school transcript

Submit application by June 9, 2023 to: Director of Development
Elizabethtown Community Hospital
P.O. Box 277
Elizabethtown, NY 12932