



## ST. ANTHONY'S MEDICAL CENTER NORBERT SIEGFRIED SCHOLARSHIP FOR SONS AND DAUGHTERS OF EMPLOYEES

Overview and Instructions for the 2010 APPLICATION

**The St. Anthony's Medical Center Norbert Siegfried Scholarship for Sons and Daughters of Employees** is open to dependent children of the Medical Center's full time and regular part time staff (who have been employed at least one year) who demonstrate financial need as full time undergraduate students at a regionally accredited four year Missouri college or university or at any of Southern Illinois University's five campuses. Employees of SAMC are not eligible to apply for this scholarship. Recipients may reapply for scholarship consideration for a maximum of four years of funding provided they continue to meet eligibility requirements.

At least \$300,000 in scholarship awards for the sons and daughters of St. Anthony's employees is made possible annually through the generosity of the St. Anthony's Medical Center Foundation Board of Directors.

Applications will be evaluated on the basis of past academic performance and potential for continued success, and the quality of the essay and recommendations. Selection of the recipients and the scholarship amount, ranging from \$2,000 to \$10,000, will be determined by the Greater Saint Louis Community Foundation from information provided by the applicant, the school, the applicant's family and the post secondary institution. Scholarships will be used to meet unmet need or to reduce or replace loans or campus work. **The only financial information that will be released to the sponsoring organization will be the award amount.** Please note that because the award amounts are based on financial need that can change from year to year, the amount may change if a recipient applies for renewal awards in years to come.

High School seniors and current college students with a cumulative 3.0 grade point average (on a 4.0 scale) are encouraged to apply. Application may be obtained from the SAMCare intranet site, Education office or from the Medical Center's website [www.stanthonymedcenter.com](http://www.stanthonymedcenter.com) or the website of the Greater Saint Louis Community Foundation: [www.gstlcf.org](http://www.gstlcf.org).

Each applicant will be notified by mail of his or her status in the competition by early June. 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**
- **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 Norbert Siegfried Scholarship for Sons and Daughters of Employees program is administered by the Greater Saint Louis Community Foundation. Eligibility, financial need, award recipients and award amount will be determined by the Greater Saint Louis Community Foundation.

Send all application materials to: SAMC NORBERT SIEGFRIED SCHOLARSHIP FOR SONS AND DAUGHTERS OF EMPLOYEES  
GREATER SAINT LOUIS COMMUNITY FOUNDATION  
319 NORTH FOURTH STREET SUITE 300  
ST. LOUIS, MO 63102

**Questions?** Contact Carol Ellis, Manager of Education at St. Anthony's at 314.525.1252 or Amy B. Murphy, Donor Services & Scholarship Officer at the Community Foundation, at 314.588.8200, ext. 132, or [amurphy@gstlcf.org](mailto:amurphy@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.

# ST. ANTHONY'S MEDICAL CENTER NORBERT SIEGFRIED SCHOLARSHIP FOR SONS AND DAUGHTERS OF EMPLOYEES

## Application Check List

Use this page to keep track of materials required for your application.

**Deadline:** The following application materials must be postmarked by April 15.

- |   | Date<br>submitted |
|---|-------------------|
| 1. The completed and signed <b>application</b> form   | _____             |
| 2. An <b>Essay</b> that tells us about your vision of your future and how you plan to make your vision happen.  | _____             |
| 3. <b>Two Letters of Recommendation:</b> (Write your name on the form before giving it to your recommender!)  |                   |
| <b>one</b> from an instructor : _____   | _____             |
| <b>one</b> from a supervisor, employer, or another instructor: _____  | _____             |
| <p>NOTE: Provide a form and an envelope to those who will write recommendations for you. The recommender may <b>either</b> return the completed form to you in a sealed envelope for you to submit with your application <b>OR</b> they may mail their recommendation directly to the Greater Saint Louis Community Foundation. It is your responsibility to assure that the recommendations are submitted by the postmark deadline.</p>                              |                   |
| 4. An official cumulative <b>transcript</b> of academic work through the Fall term.<br>For current college students, a printout from a secure college website is acceptable.  | _____             |
| 5. List of courses in which you are currently enrolled, including credit to be received.  | _____             |
| 6. A photocopy of your <b>Financial Aid Award</b> letter for the coming year from the college you will attend.<br>For current college student applicants, if the award letter for the coming year is not yet available, please provide a copy of your current financial aid award letter <b>and send a copy of the new letter as soon as it is available.</b> Award amounts will not be announced nor scholarship checks distributed until this document is received. | _____             |
| 7. A photocopy of the 2010 FAFSA <b>Student Aid Report (SAR)</b> that includes the Expected Family Contribution ( <b>EFC</b> )  | _____             |

**KEEP A PHOTOCOPY OF THIS ENTIRE APPLICATION FOR YOUR FILES.**

SAMC NORBERT SIEGFRIED SCHOLARSHIP FOR SONS AND DAUGHTERS OF EMPLOYEES  
GREATER SAINT LOUIS COMMUNITY FOUNDATION  
319 NORTH FOURTH STREET SUITE 300  
ST. LOUIS, MO 63102



## NORBERT SIEGFRIED SCHOLARSHIP FOR SONS AND DAUGHTERS OF EMPLOYEES 2010 APPLICATION

Postmarked by April 15, provide completed application and supporting materials. Complete all items. Label all enclosures with your full name.

1. Name \_\_\_\_\_  
First Middle Last
2. Last 4 digits of Soc. Sec. # \_\_\_\_\_  
 or college I.D.# \_\_\_\_\_
3. Permanent Address \_\_\_\_\_  
Street City/State Zip
4. Telephone number (\_\_\_\_) \_\_\_\_\_ 5. Mobile phone number (\_\_\_\_) \_\_\_\_\_
6. Email address (optional) \_\_\_\_\_ 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 enroll at least 12 semester hours (or the equivalent) each term in 2010-2011 academic year.  Yes  No

Information for parent who is an employee of St. Anthony's:

13. Name \_\_\_\_\_ Date of Employment: \_\_\_\_\_ Employee SS# \_\_\_\_\_
14. Address (if different from #3 above) \_\_\_\_\_  
Street City/State Zip
15. Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_ 16. Mobile phone number (\_\_\_\_) \_\_\_\_\_
17. Marital status: \_\_\_\_\_ 18. Name of Spouse \_\_\_\_\_
19. How did you learn about this scholarship program? \_\_\_\_\_
20. Applicant's current school \_\_\_\_\_  
Name
21. Address \_\_\_\_\_ 22. High School graduation date \_\_\_\_\_  
Street City / State Zip month year
23. College you plan to attend Fall 2010: \_\_\_\_\_  
name city and state
24. Academic major or emphasis: \_\_\_\_\_ 25. Expected completion date: \_\_\_\_\_  
month year
26. Attach an **Essay**, headed by your name, that tells us about your vision of your future and how you plan to make your vision happen. You may include information about circumstances or people that have influenced you or had an effect on your achievement, or unusual hardships you have had to overcome or will overcome to achieve your goals.

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
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

28. Provide information on your **extracurricular or volunteer involvement**, concentrating on those most important to you:

Activity	Time involved	Period of involvement	Position(s) held and/or details of the activity
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Additional Financial information:**

29a. If you are a dependent student, provide information on **all family members claimed** on your parent's most recent federal tax returns:

Name of family member	Age	Relationship to candidate	Name of school or college he or she will attend for the 2010-2011 academic year	Cost of attending per term
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____

29b. If a parent is listed: Will tuition be paid or reimbursed by employer? Yes \_\_\_ No \_\_\_ If yes, reimbursable amount: \_\_\_\_\_

30. Applicant's housing plans for 2010-2011 academic year: \_\_\_\_\_

Divorced families: 31a. Who claimed applicant as a dependent on most recent income tax return? \_\_\_\_\_

31b. Will non-custodial parent contribute to education costs of the applicant? Yes \_\_\_ No \_\_\_ If yes, annual amount \$ \_\_\_\_\_

32a. Current college students list financial assistance you are or will be receiving from any other sources:

	Received 2009-2010	Will Receive 2010-2011
a. Talent award (academic, music, sports, etc.). Type _____	\$ _____	\$ _____
b. Military (ROTC, National Guard Reserves, etc.)	\$ _____	\$ _____
c. State Scholarship (such as Missouri's Bright Flight)	\$ _____	\$ _____
d. Private award(s) from _____	\$ _____	\$ _____
e. Employer tuition benefits from _____	\$ _____	\$ _____
f. Out-of-state tuition waiver from the college	\$ _____	\$ _____
g. Other assistance from _____	\$ _____	\$ _____

32b. If you are not receiving, or will not receive, any of the above, initial appropriate line → \_\_\_\_\_

If you are receiving a scholarship or other assistance with renewal restrictions, such as continued participation in an activity or a minimum grade point average, please provide detailed information here, or enclose a copy of the award description.

33. If you wish to inform the Foundation of any unusual financial circumstances, including unusual costs associated with the applicant's education, or educational loans already incurred for or by applicant, please indicate that information on a separate sheet, headed by the applicant's name.

**You are required to provide a clear copy of your current FAFSA Student Aid Report (SAR) and your financial aid award letter from your college.** Tax forms, W-2s or other documentation may be requested by the Greater Saint Louis Community Foundation to confirm FAFSA information..

Your signature at the end of the application authorizes the Greater Saint Louis Community Foundation and its selection committee to examine and verify your academic and financial records, and to release pertinent data to those involved with the Foundation programs. The only financial information that will be released to the sponsoring organization will be the award amount. **Your signature certifies that all information here is true and complete to the best of your knowledge.** An unsigned or incomplete application will make the applicant ineligible for consideration for this award.

34. Applicant's Signature \_\_\_\_\_ 35. Date \_\_\_\_\_

## NORBERT SIEGFRIED SCHOLARSHIP FOR SONS & DAUGHTERS OF EMPLOYEES

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 to: SAMC Norbert Siegfried 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 evaluation of the applicant. You may want to indicate your perceptions of the applicant's strengths and limitations. Attach a letter or use the reverse side of this form if extra space is needed.

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

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

Daytime Telephone Number	Email Address
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## NORBERT SIEGFRIED SCHOLARSHIP FOR SONS & DAUGHTERS OF EMPLOYEES

Letter of Recommendation

<b>Applicant Name:</b>		
<b>Instructions for person making the recommendation</b>		
<ul style="list-style-type: none"> <li>Complete the form. Attach a letter if you wish to expand on the information requested here.</li> <li>Place completed recommendation in an envelope, <u>seal and sign your name across the seal</u>. Return the form to the applicant <b>or</b> mail to: SAMC Norbert Siegfried Scholarship, Greater Saint Louis Community Foundation, 319 N. Fourth Street Suite 300, St. Louis, MO 63102</li> </ul>		
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 evaluation of the applicant. You may want to indicate your perceptions of the applicant's strengths and limitations. Attach a letter or use the reverse side of this form if extra space is needed.

My recommendation is:	
<input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with Reservation <input type="checkbox"/> Do not recommend	
Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Daytime Telephone Number	Email Address