



## APPLICATION FOR CARE SCHOLARSHIP Hackensack University Medical Center

### Student Qualification

To qualify for one of the the Hackensack University Medical Center Community, Action, and Recognition of Excellence (CARE) Scholarships, you must be a US citizen or permanent resident and be accepted into the Doctor of Medicine degree program at St. George's University. In addition, an applicant must fulfill at least one of the following criteria and provide physical verification:

**PLEASE CHECK ALL THAT APPLY**

- I am an employee of Hackensack University Medical Center and have been for a minimum of one year.
- An immediate family member is an employee of Hackensack University Medical Center and has been for a minimum of one year.
- I am currently and have been a resident of Bergen County, New Jersey for a minimum of one year.

### Selection Process

Eligible students can apply for this scholarship once they have been accepted into the January or April entering class of the St. George's University School of Medicine MD program. Scholarship applications should be sent directly to **CARE-scholarships@sgu.edu** including all supporting documentation in one pdf document.

Please note that this scholarship program is generally very competitive. Unfortunately, awards cannot be made to every deserving student. Award determinations are based on: (1) Demonstrated academic excellence; (2) The applicant's commitment to the special qualities associated with this program; and (3) The degree of financial need and the availability of funds from the school and other sources.

### Application Instructions

1. Write an essay explaining why you are a good candidate for the Hackensack University Medical Center CARE Scholarship program based on one or more of the following topics: (A) outstanding academic achievement; (B) community work; (C) leadership roles; or (D) financial hardship. **Essays should be approximately 500 words, typed, and enclosed with this application.**
2. Complete all questions/fields listed on page 1-4.
3. Include documentation which supports that you meet either the Bergen County, NJ residency or Hackensack University Medical Center employment criteria (i.e. pay stub, residency affidavit, copy of lease, etc.).
4. Electronically sign or print this application and sign the agreement on **page 2** and the FERPA release on **page 3**.
5. **Email all documents in a single attachment to CARE-scholarships@sgu.edu.**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

## Student Information

1. Name: \_\_\_\_\_
2. Student ID Number: \_\_\_\_\_ 3. Date of Birth: (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. Permanent address: \_\_\_\_\_
5. Mailing address: \_\_\_\_\_
6. Phone number: \_\_\_\_\_ 7. Email: \_\_\_\_\_
8. Country(s) of citizenship: \_\_\_\_\_ 9. Country(s) of legal residence: \_\_\_\_\_

## Hackensack University Medical Center Employee Information

**Only complete if you or someone in your immediate family is currently employed by Hackensack University Medical Center and has been for a minimum of one year.**

1. Name of Employee: \_\_\_\_\_ 2. Relationship: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Employee Phone number: \_\_\_\_\_ 5. Employee Email: \_\_\_\_\_

## Student's Commitment and Expectations

In return for accepting the scholarship students must maintain the regular academic standards set forth by St. George's University School of Medicine.

## Application Deadlines and Award Notification

Hackensack University Medical Center CARE Scholarships will only be awarded for the January and April start terms. Applications will receive a decision in a timely manner. Applications will not be reviewed until after the application deadline.

**DEADLINE:**

**November 20**

Late applications will be reviewed until award recipients are granted.

I understand that by applying for the CARE Scholarship I am also giving St. George's University my permission to share financial and academic information gathered as part of my application for admission and this scholarship with Hackensack University Medical Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

# FERPA RELEASE

Student Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Address \_\_\_\_\_

I, the undersigned, hereby authorize St. George's University ("SGU") to release the following educational records and information:

**Financial Information; Student Identification Number; Race, Ethnicity, and/or Nationality; Gender; Transcripts; Grade Reports**

to Hackensack University Medical Center for the purpose of my application for the CARE Scholarship.

This Release is effective for one (1) year from the date of this Release.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) I may withdraw this Release at any time prior to its expiration by writing to the address listed below via Certified Mail or Hand Delivery:

St. George's University  
c/o University Support Services, LLC  
  
ATTN: Michelle Lewis  
3500 Sunrise Highway, Building 300  
Great River, NY 11739

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

## ESSAY

Write an essay explaining why you are a good candidate for the Hackensack University Medical Center CARE Scholarship program based on one or more of the following topics: (A) outstanding academic achievement; (B) community work; (C) leadership roles; (D) financial hardship. Please use the space below or submit the essay on a separate sheet of paper. **Essays should be approximately 500 words, typed, and enclosed with this application.**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_