



APPLICATION FOR CARE SCHOLARSHIP St. Joseph's University Medical Center

Student Qualification

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

PLEASE CHECK ALL THAT APPLY

- I am an employee of St. Joseph's University Medical Center and have been for a minimum of one year.
- An immediate family member is an employee of St. Joseph's University Medical Center and has been for a minimum of one year.
- I am currently and have been a resident of Bergen, Essex, or Passaic 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 St. George's University School of Medicine MD program. Scholarship applications should be sent directly to CARE-scholarships@sgu.edu.

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 of St. Joseph's 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 the following items with this application:
 - (a.) Documentation which supports that you meet either the Bergen, Passaic, or Essex County, NJ residency or St. Joseph's University Medical Center employment criteria (i.e. pay stub, residency affidavit, copy of lease, etc.) Please feel free to include copies of awards, abstracts etc.
4. Print this application and sign the agreement on page 2 and the FERPA release on page 3. Email all documents in a single attachment to **CARE-scholarships@sgu.edu**.

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: _____

St. Joseph's University Medical Center Employee Information

Only complete if you or someone in your immediate family is currently employed by St. Joseph's 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 Commitment

In return for accepting the scholarship students must:

1. Complete all required third-year core rotations at St. Joseph's University Medical Center.
2. Maintain the regular academic standards set forth by St. George's University School of Medicine.

Application Deadlines and Award Notification

St. Joseph's University Medical Center CARE Scholarships will be awarded to both the January and April start terms. Applications will receive either an award letter or a letter of declination in a timely manner. Applications will not be reviewed until after the deadline.

DEADLINE:

November 20

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 St. Joseph's 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 St. Joseph's 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 St. Joseph's 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: _____