The requirements for the Mr. and Mrs. Hyman S. Caplan and Hunsicker-Przybyla Nursing Scholarship are as follows:

1. Must be a resident of Lebanon County
2. Must be pursuing a nursing education
3. Must be a student during the school year 2020-2021
4. Information needed:
   a. Complete high school transcript with class standing or General Education Diploma (GED) if you never attended college.
   OR All applicable transcripts with GPA if previously attended Nursing School or College.
   b. Two letters of reference submitted with application (no relatives).

This application is not for current WGSF employees.

Scholarship recipients must be willing to sign an agreement to work at WellSpan Good Samaritan Hospital and remain employed in a full time or part time capacity for 24 months upon course completion. If the commitment is not kept, re-payment will be pro-rated in ½ increments. The re-payment amount will be due and must be paid within 30 days after the employee’s last day of work.

YOU ARE RESPONSIBLE FOR MAKING SURE YOUR TRANSCRIPTS AND REFERENCE LETTERS GET TO THE DEVELOPMENT OFFICE BY THE DEADLINE. (No phone calls will be made by our office to get your information!)

*IF WE DO NOT RECEIVE ALL YOUR INFORMATION IN THE BY 3:00 PM FRIDAY, APRIL 3, 2020 YOU WILL NOT BE CONSIDERED FOR A SCHOLARSHIP!
2020-2021 NURSING SCHOLARSHIP APPLICATION

Degree pursuing:  L.P.N. __  B.S.N. __  R.N. __  M.S.N. __

PLEASE TYPE OR PRINT IN BLACK INK

A. PERSONAL

Name: ___________________  Age: ________

Home Address: __________________________________________________________

Mailing Address: _________________________________________________________

Phone Number:  Home ___________________________________  Cell __________________________

EMAIL ADDRESS that you will be checking April-July (this is how you will be contacted)

________________________________________________________

B. EDUCATIONAL AND EMPLOYMENT HISTORY

High School: ______________________________________ (Graduation Date)

Additional Education/Training: ____________________________________________

Employment:

<table>
<thead>
<tr>
<th>POSITION</th>
<th>DEPARTMENT</th>
<th>NAME OF COMPANY OR HOSPITAL</th>
<th>HOW LONG</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

College/Nursing school you will be attending:
## C. Family

**If Single, answer the following questions.**

<table>
<thead>
<tr>
<th>Do you reside with your parents?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If no, with whom? __________________________

Address: ________________________________

**If you do not live with your parents, continue on to the next section.**

Father’s full name: ________________________________

living/deceased (circle one)

Father’s occupation and place of employment: ________________________________

Mother’s full name: ________________________________

living/deceased (circle one)

Mother’s occupation and place of employment: ________________________________

Number of children or dependents residing at home:

<table>
<thead>
<tr>
<th>Brothers</th>
<th>Ages</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sisters</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>______</td>
</tr>
</tbody>
</table>

**If Married, answer the following questions.**

Spouse’s full name: ________________________________ Age ______

Spouse’s occupation and place of employment: ________________________________

Number of children or dependents in family: ________ Ages: ________

If divorced, does spouse support children? Yes No

## D. FINANCES

A clear picture of your own and your family’s financial position must be given. Financial
need is a primary factor considered in appraising your application. If you need additional space for clarification, please attach an extra sheet of paper. This information will be kept confidential.

Adjusted gross income on your most recent IRS return:

1. *Personal $____________________  2. *Household $____________________
*this information is required

Indicate whether your family had exceptional expenses during the past year: __________

________________________________________________________________________

What is your hourly salary? $____________

How many hours per week do you work? __________

Plans for financing your education:

1. Cost of education per year? $____________________
2. Amount you have saved for this purpose? $____________________
3. Amount you expect from other sources? $____________________
4. What scholarships have you applied to? __________________________________
   ______________________________________________________________________

E. ACTIVITIES

List the student activities in which you participated in high school or college: __________

________________________________________________________________________
________________________________________________________________________

List community and/or hospital activities in which you have participated: __________

________________________________________________________________________

Add any additional information, which you think, would be useful to the Scholarship Committee in evaluation of your application.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Mail application, transcripts and reference letters to:

Misty Zechman, Development Office
WellSpan Good Samaritan Hospital
Fourth & Walnut Sts.
P.O. Box 1281
Lebanon, PA 17042
(717) 270-7864

Physical Office Location: 259 S. 4th Street, 1st Floor

Application, transcripts and references must be received in the development office by **3:00 PM FRIDAY, APRIL 3, 2020.**

**This application is NOT for current WellSpan Good Samaritan employees. This application will not be considered unless fully completed and all transcripts and reference letters are received by the date above.**

All applicants will need to attend an initial interview in May. (You will be notified of the dates and times.) Finalists may need to return for a second interview in June.

**Scholarship recipients must be willing to sign an agreement to work at WellSpan Good Samaritan Hospital for 24 months after graduation.**

Rev. 1/20

The Mr. and Mrs. Hyman S. Caplan/
Hunsicker-Przybyla Nursing Scholarship
Letter of Commitment
In return for the scholarship given to me by the WGSH to advance my career in the health care field, I agree to:

- Attain a C+ or better grade in each of my courses
- Keep the scholarship committee informed of my progress by forwarding a copy of my grades at the end of each semester
- Notify you immediately of any change in school or status in my nursing education
- Contribute back to the hospital and the community in a professional manner
- In the event the scholarship recipient is unable to meet the two-year commitment, the scholarship amount will be paid in full to WellSpan Good Samaritan Hospital.
- Remain employed by WellSpan Good Samaritan Hospital in a full time or part time capacity for 24 months upon course completion. If the commitment is not kept, repayment will be pro-rated in ½ increments. The repayment amount will be due and must be paid within 30 days after the employee’s last day of work.

Signed:

______________________________________________Date______________________
Scholarship recipient

Return to:
Misty Zechman, Development Office
WellSpan Good Samaritan Hospital
Fourth & Walnut Sts.
P.O. Box 1281
Lebanon, PA  17042