

BEACON HEALTH SYSTEM  
SCHOLARSHIP APPLICANT QUESTIONNAIRE

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate:

- Memorial Hospital
- Elkhart General Hospital
- Beacon Health System
- Beacon Medical Group
- Beacon Health Ventures

The purpose of the questionnaire is to learn more about you and your educational endeavors. Please take time to read this form and ***provide thoughtful responses to only the appropriate questions for the semester you are applying for.*** Thank you.

Please attach a **1 page**, 12 point font, typed response to this sheet addressing one of the two questions for the appropriate semester:

**Spring:**

1. What does working in healthcare mean to you? Why did you choose this field?
2. What does receiving a scholarship mean to you?

**Summer:**

1. How will your education help you in your career?
2. How will you use the knowledge you acquire in your current position?

**Fall:**

1. What are your plans, hopes and/or goals related to your career for the future?
2. What is your favorite thing about being in the healthcare profession?

I understand that my story and photo may be used by Beacon in all or any of the following: publications, audio-visual presentations, fundraising materials or for print, web, or broadcast media. I will be contacted to review information before it is published.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_