



ST. VINCENT'S COLLEGE

2800 MAIN STREET ♦ BRIDGEPORT, CT 06606-9921 ♦ 1.800.873.1013

WWW.STVINCENTSCOLLEGE.EDU

SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER

St. Vincent's College Scholarship Application

(Submission instructions located at the end of this document)

Instructions

Fill out all the sections in pen. The Scholarship Committees suggest students complete the Free Application for Federal Student Aid (FAFSA) to increase scholarship consideration and eligibility.

Do not skip any sections and include all the information requested on the application. Some scholarships focus on community service, participation in civic organizations or awards received; make sure to provide as much detail as possible, about these areas, in the "Achievements & Recognition" section of the application.

Personal Information

Name: _____ SVC Email: _____ 5000
Address: _____
Home phone: _____ Cell phone: _____

Educational Background

High School/GED: _____ Year Graduated: _____

Other colleges attended? yes no

List other Colleges and Universities, years of attendances and Cumulative GPA:

School	Years	*CGPA

* If you haven't attended college before St. Vincent's, leave this blank

St. Vincent's College

Major/Program: _____ A.S. B.S. Certificate

Grade Point Average (GPA) _____ Currently Enrolled: yes no

Employment Background

Current Employer: _____

Job Title: _____

Achievements & Recognitions (attach additional pages if more space is needed)

Special Awards or Honors:

Involvement with civic organizations in your local community:

Participation in volunteer/community service activities:

Financial Need

* Do you have any outstanding educational loans at the present time: yes no

If yes, please provide your total **student debt**: \$ _____

* Your student loan information can be found by logging on to nslds.ed.gov

Other outstanding loans:

Loan Type/Purpose	Amount
_____	_____
_____	_____
_____	_____

What are your anticipated school expenses for the current year?

Tuition and Fees: \$ _____ Other Costs: \$ _____

Please use the space provided to give a brief description of your current financial resources to finance your educational goals (i.e. what external funding sources are funding your education):

In 300 words or less, please tell us why you have chosen an allied health career as a profession? (typed or printed attached copy is preferred) _____

Return completed application to the College either by postal mail or fax to 203-576-6063 or scan and email to dorothy.martin-hatcher@stvincentscollege.edu or drop off at the Financial Aid Office located on the 3rd floor of the Hunting Street building. If mailing, the envelope should be clearly marked "Attention: Financial Aid/Scholarship Committee". If faxing, send to the attention of Dorothy Martin-Hatcher.

The Office of Financial Aid and The Scholarship Committees, wish you the best of luck in your search. We look forward to seeing you this coming semester.

Warmest regards,

Office of Financial Aid and The Scholarship Committees