



GOOD SAMARITAN
HOSPITAL FOUNDATION

**Good Samaritan Hospital Foundation
Lorraine Pace College Scholarship Program
2020 Application Guidelines and Instructions**

Purpose: The purpose of the Good Samaritan Hospital Foundation Lorraine Pace College Scholarship Program is to assist students, who have had a parent, legal guardian or have been themselves, diagnosed with breast cancer, pursue their educational goals. It is designed to provide two one-time awards of \$2,000. The scholarship is NOT need-based. Criteria for consideration includes community involvement and personal commitment and is solely the decision of the Scholarship Committee of the Good Samaritan Hospital Foundation.

Eligibility:

- Have had a parent, legal guardian or themselves diagnosed with breast cancer.
- You must be a high school senior who will graduate by June 2020.
- A resident of Bay Shore, Islip, Brentwood, Deer Park, North Babylon, Babylon, West Babylon or West Islip, NY school district or parent/guardian is an active participant of our programs.
- Have been accepted to, and plan to attend, a two or four year college or university or accredited vocational school upon graduation.
- Be a U.S. citizen or permanent resident of the U.S.

The applicant is responsible for insuring that all items listed below are submitted as one package and postmarked by Friday, April 3, 2020.

- 1) Completed application
- 2) Personal essay
- 3) Two letters of recommendation
- 4) Acceptance letter from college/university/vocational school
- 5) Physician's letter supporting a cancer diagnosis (medical information will be kept confidential and will only be utilized to qualify consideration for the scholarship)

Mail to: Good Samaritan Hospital Foundation
Scholarship Committee
1000 Montauk Hwy.
West Islip, NY 11795



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Name:			
Last	First	Middle	
Home Address:			
No. Street	City	State	Zip
Home Phone:	Cell Phone:	U.S. Citizen: Y or N	
Birth date:	M or F	Email:	
High School:			
Guidance Counselor Name:			
Guidance Counselor Signature:			
Guidance Counselor Phone:			
Name of Parent/Guardian/Self with breast cancer:			M or F
Physician's Name:			
Physician's Phone:			



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Essay:

Include a personal essay between 500 to 1,000 words on how breast cancer has affected your outlook on life and how that might influence you moving forward toward your goals.

Essays must be typed, double spaced and in English.

Letters of Recommendation:

Two letters of recommendation are required. One from a current academic teacher and one from someone you know (NOT a relative) referencing your personal qualities. Letters must be in a sealed envelope with the writers signature across the seal.

Acceptance Letter:

Include a copy of the acceptance letter to the college/university/vocational school you will be attending.

Physician's Letter:

A letter on the treating physician's letterhead verifying the diagnosis of breast cancer for your parent/legal guardian/self.

Signatures:

I agree and consent to the use of my name, likeness, and/or personal story if I am chosen as a winner of the Good Samaritan Hospital Foundation Lorraine Pace College Scholarship Program. I understand that I will not be provided with any compensation for this use, and that my name, likeness and/or personal story may be used, at the discretion of the organization in print, television, radio, or electronic media.

Student's signature

Date

Parent/Guardian signature

Date