

# 2012-CRAIG HOSPITAL ALUMNI SCHOLARSHIP

## Application Instructions

### *Qualification*

Applicants must have received rehabilitation care at Craig Hospital in Englewood, Colorado.

Scholarship awards are based on 3 criteria: educational goals, financial need and achievements. All applications are reviewed by the Craig Hospital Committee.

1. Applications may be obtained by
  - a. Download, print and fill out an application from:  
[www.craighospital.org/InfoResources/application/scholarshipApplication.asp](http://www.craighospital.org/InfoResources/application/scholarshipApplication.asp)
  - b. Request an application to be mailed to you from:  
Beth Gargan, Administrative Assistant at (303) 789-8416
  - c. Request an application to be emailed to you from:  
[bgargan@craighospital.org](mailto:bgargan@craighospital.org)
2. Send completed application and all supportive documentation to:

**Craig Hospital Alumni Scholarship Fund**  
**3425 South Clarkson Street**  
**Englewood, CO 80113**

3. If you have specific questions about the Craig Hospital Scholarship program, please contact Terry Chase, MA, ND, RN at 303-789-8211 or [tmchase@craighospital.org](mailto:tmchase@craighospital.org)

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### **Application Checklist**

Only completed and signed applications will be considered. See the list below to make sure you have completed all sections and included other materials with application.

- \_\_\_ Completed application form with signature and date.
- \_\_\_ Essay with achievements, educational/career goals and financial need
- \_\_\_ Copy of application to school or acceptance letter from school  
\*If you are a new student or transferring to a new school.
- \_\_\_ Copy of latest grade report or transcript  
\*If you are a continuing student or reapplying for this scholarship.

### **IMPORTANT DATES:**

<b>May 31, 2012</b>	Application deadline (no exceptions)
<b>July 6, 2012</b>	Applicants notified of scholarship award
<b>August 1, 2012</b>	Scholarship checks mailed to school financial aid offices

## 2012-Craig Hospital Alumni Scholarship Application

*.....to improve quality of life and independence through education for all former patients.*

*Supported by Kappa Kappa Gamma Sorority and the  
many contributors to the Craig Hospital Scholarship Fund*

Personal Information				
Name:	<u>Living Situation</u> (Check one)			
Street Address:	<input type="checkbox"/> Live Alone			
City, State, Zip:	<input type="checkbox"/> Live with Parents			
	<input type="checkbox"/> Live with Partner/Wife/Husband/Significant other			
	<input type="checkbox"/> Other Arrangement			
Age:	Daytime Telephone:			
Male <input type="checkbox"/> Female: <input type="checkbox"/>	Cell Phone:			
Have you applied for a Craig Hospital Scholarship in the past?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Craig Hospital Admission Information				
Reason for Admission:				
<input type="checkbox"/> Spinal Cord Injury    Level of Injury _____				
<input type="checkbox"/> Brain Injury				
<input type="checkbox"/> Other				
Year of Injury: _____				
Education Background				
High School or GED, University, or Trade School Name	City, State	Course of Study	Years of Attendance	Year Graduated
What School Do You Hope to Attend?				
Name of Educational Institution:				
City, State:				
Date Classes Start:				
I will be attending: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
My major is: _____ I will graduate: _____(year)				
Type of Degree/Certification upon completion? _____				

### Financial Information

How are you financing your college education?

I will be paying: [ ] in-state tuition [ ] out-of-state tuition

Support for tuition and books from other sources: \$ \_\_\_\_\_

I am employed at \_\_\_\_\_ Job Title: \_\_\_\_\_

**Are you on Medicaid? YES [ ] NO [ ]**

### Education Expenses

Estimated Education Expenses Not Supported by Other Sources

Tuition: \$ \_\_\_\_\_ per: [ ] semester [ ] quarter

**Amount Requested from Alumni Scholarship Program: \$ \_\_\_\_\_**

The following must be submitted with your application.

- \_\_\_ Completed application form with signature and date.
- \_\_\_ Written essay with achievements, educational/career goals and financial need
- \_\_\_ Copy of application to school or acceptance letter from school  
\*If you are a new student or transferring to a new school.
- \_\_\_ Copy of latest grade report or transcript  
\*If you are a continuing student or reapplying for this scholarship.

**I am enclosing all of the necessary documents to be considered for the Craig Hospital Scholarship.  
I certify that all the information contained in this application is accurate to the best of my/our knowledge.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature (Parent or guardian if applicant is under 21 years of age)**

\_\_\_\_\_  
**Date**