

**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 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 cancer.
- You must be a high school senior who will graduate by June 2023.
- A resident of Amityville, Babylon, Bay Shore, Bethpage, Brentwood, Central Islip, Commack, Copiague, Deer Park, East Islip, Farmingdale, Hicksville, Islip, Lindenhurst, Levittown, Massapequa, North Babylon, Sayville, Seaford, Wantagh, West Babylon, West Islip, Wyandanch, NY school district or parent/guardian is a resident.
- 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 ensuring that all items listed below are submitted as one package and postmarked by Friday, May 26, 2023.

- 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



Name:					
Last	First	Middle			
Home Address:					
No. Street	City	State	Zip		
Home Phone:	Cell Phone:				
Birthdate:	Email:				
High School:		·			
Guidance Counselor Name:					
Guidance Counselor Signature:					
Guidance Counselor Phone:					
Name of Parent/Guardian/Self with cancer:			M or F		
Physician's Name:					
Physician's Phone:					

Extracurricular Activities – includes clubs, sports, student associations, etc.

Organization	Description of activities	Fresh.	Soph.	Jr.	Sr.



## **Talents/Awards/Honors**

Talent/Award/Honor	Description	Fresh.	Soph.	Jr.	Sr.

## Community Service – includes non-paid service rendered in the community

Service	Description of activities	From-Thru	Hrs./week



Company	Description of Role/Job Title	From-Thru	Hrs./week

## **Essay:**

Include a personal essay between 500 to 1,000 words on how 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	