

**Enhance Educational Foundation
Scholarship Application
Deadline: March 02, 2015**

Eligibility Requirements:

Applicants are required to submit the application, transcripts, two letters of recommendation from a guidance counselor, teacher or community leader, and answer the essay question: Describe what you dream of being and why. What experiences, challenges, or triumphs contributed to your ambitions? (Essays must be at least 500 words, typed and double-spaced.) If selected as a finalist, students will be invited to participate in an interview.

- Students must have a 3.0 or better cumulative GPA on a 4.0 scale (and if selected, must maintain a 3.0 or better for the remainder of his/her senior year of high school).
- The scholarship will be renewable for up to four years (\$6,250 per year) – total amount awarded \$25,000.
- Applicants must be participants in an ETC Health Science Program.
- Scholarship must be used at an accredited public or private four-year college/university.
- The scholarship will be applied towards the student's tuition and any excess funds should be used for textbooks.
- The scholarship must begin to be utilized within 12 months of award announcement.

Application deadline: Monday, March 02, 2015. Only complete applications will be accepted.

All applications should be sent to: Office of Steven H. Dayan, MD, FACS
Attn: Jaci Pumphrey
845 N. Michigan Avenue
Suite 923 East
Chicago, Illinois 60611



Student Information

Legal Name: Enter name exactly as it appears on official documents or passport.

Last	First	Middle (complete)	Suffix (Jr. etc)	Gender
Social Security Number (if none leave blank) _____ - _____ - _____				Are you a U.S. citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes

Address

Street	_____	State	_____	Zip code	_____
City	_____	Home phone	()	_____	
E-mail	_____	Cell phone	()	_____	
Date of birth (mm/dd/yy)	_____				
Place of birth (city, state, country)	_____				

Current High School Information

School name	_____				
Street address	_____				
City	_____	State	_____	Zip code	_____
School phone	()	Guidance counselor	_____		
Graduation date (mm/yy)	_____	Class rank	_____	Class size	_____
			Cumulative GPA (4.0 scale)	_____	



Activities

School Activities: List high school-related activities in which you have participated. Do not abbreviate activity names. List dates of participation in **mm/yy** or **season/yy** format.

Activity	Office(s) Held	Dates of Participation	Hours per Week

Community/ Volunteer Activities: List community activities in which you have participated without pay during your high school years. Do not abbreviate organization names. List dates of participation in **mm/yy** format.

Organization	Activity/Service	Dates of Participation	Hours per Week



Awards/Honors

List awards or honors you have received and briefly explain their significance. List date received in **mm/yy** format.

Award/Honor	Significance	Date Received

Employment

List any jobs you have held during your high school years, including summers.

Employer	Job/Type of Work	From (mm/yy)	To (mm/yy)	Hours per Week





Required Certifications

Applicant Certification

I certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. If selected to receive a scholarship, I give permission for the release of application materials (excluding financial information) for promotional purposes.

Signature of Applicant _____ Date _____

High School Official Certification

I certify that the educational information above is correct to the best of my knowledge.

Signature of Official _____ Date _____ Daytime phone () _____

Official's name (print or type) _____ Title _____

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