

**DAVID L. BRODERIC EMPLOYEE SCHOLARSHIP AND
MARGARET L. CONNELL ENDOWED SCHOLARSHIP**

FACT SHEET

1. What is the David L. Broderic Employee Scholarship Program?

The David L. Broderic Employee Scholarship Program, as established by both the Human Resources Department of WellSpan Good Samaritan Hospital and the Development Office of The Good Samaritan Hospital Foundation, is a program designed to provide post high school scholarships to sons and daughters of permanent full or part-time employees who fall under WellSpan Good Samaritan Hospital. The scholarship supports undergraduate degrees only.

2. How is this program funded?

Employees are asked to support this fund annually in one of the following ways:

- A. Cash donation
- B. Payroll deduction or pledge
- C. Donation of vacation time

3. What is the Margaret L. Connell Endowed Scholarship Fund?

This scholarship program was set up by Mr. Jim Connell in memory of his wife, Margaret. Like the Broderic Scholarship it is also for children of hospital employees and has similar requirements as the Broderic Scholarship. Applicants should submit one application to be considered for both scholarships.

4. How much in scholarships will be awarded?

Scholarships will be funded by the interest income generated by contributions. The principal will never be spent. All donations will be invested and each year the interest income will be used to provide the awards. By using only the interest income there will be award monies available year after year.

5. When will scholarships be awarded?

Interviews will be held in May/June 2024, and awards will be distributed in August 2024 for the 2024-2025 school term.

6. **Who can apply?**

Children of employees of Wellspan Good Samaritan Hospital (who work the majority of their time for the GSH) seeking post high school undergraduate degrees or qualified certification programs are eligible to apply for The Good Samaritan Hospital Foundation David L. Broderic and Margaret L. Connell Scholarship awards. Children living in the employee's household and claimed as a dependent on the current federal income tax filing are eligible.

The parent must have three years continuous service (to the GSH) as of January 1st of the year in which the awards are to be made.

In the case of retired or deceased employees, the parent must have completed three years of continuous service immediately prior to retirement or death and the application must be submitted within 3 years of the retirement or death (COBRA maximum eligibility timeframe).

When one scholarship has been awarded to a member of a family, a second scholarship may not be awarded to another member of the immediate family while the first scholarship is in effect.

7. **How will winners be selected?**

The administration and screening of candidates will be the responsibility of the Good Samaritan Hospital Foundation. The selection of winners and distribution of awards will be the responsibility of an impartial volunteer selection committee of community leaders. Applicants will be rated as to financial need, academics, goals and personality. Financial need is 50% of the score.

Applicants **MUST** make themselves available for a personal interview with the committee in May or June.

The actual granting of awards will be contingent upon the winner's acceptance and attendance at an accredited post secondary institution.

**WELLSPAN GOOD SAMARITAN HOSPITAL FOUNDATION
DAVID L. BRODERIC EMPLOYEE AND MARGARET L. CONNELL ENDOWED
SCHOLARSHIP APPLICATION**

High school or college transcripts and two letters of recommendation must also be in the development office by **3:00 PM Friday, April 26, 2024 – NO EXCEPTIONS TO THE DEADLINE!**

FULL NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ DATE OF BIRTH _____

EMAIL ADDRESS that you will be checking April-July (this is how you will be contacted)

NAME & ADDRESS OF COLLEGE YOU WILL BE ATTENDING:

Is your father living? yes no Is your mother living? yes no

Name of parent who is employed (or was employed) by the GSHS:

Address of this parent _____

Parent Email _____

Is parent currently: employed retired deceased

Employed (or last employed) in what department & capacity (full time, part time, etc.)

Parent has been continuously employed with WGSB since (date) _____
Names and ages of all persons living in your home:

Are any of your family members in college now? Explain:

Has anyone in your family received a WGSB scholarship in the past?
If so, give name and year.

EMPLOYMENT INFORMATION

Employer	From	To	Hours per week

What special recognition have you received for outstanding schoolwork such as honors, prizes or scholarships?

List the activities you have engaged in during your high school and/or college years. Include organized out of school activities (scouting, 4-H, church, etc.) as well as those connected with school.

Activity	Special honors or offices held	Years of participation

What are your hobbies and favorite recreational activities?

Are there any unusual family or personal circumstances to be taken into consideration?

What post secondary schools have you applied to? List the one you will be attending first:

What course of study do you plan to take, or are you enrolled in?

ON A SEPARATE SHEET HAND WRITE ANYTHING YOU WOULD LIKE TO SAY TO THE SCHOLARSHIP SELECTION COMMITTEE (PURPOSE IN GOING TO COLLEGE, CAREER OBJECTIVES, FUTURE GOALS, THINGS YOU HAVE ACCOMPLISHED WHICH HAVE GIVEN YOU THE GREATEST PERSONAL SATISFACTION).

Financial Information Sheet
(Required)

Name: _____

1. Adjusted gross income of family (required) \$ _____

2. Has your family experienced any unusual expenses in the past two years? If so,
please explain: _____

3. What work have you done during the past school year? _____

4. Are you currently employed? _____ If so where? _____

5. Plans for financing your future education:

Cost/year: \$ _____ Saved: _____

Other sources: \$ _____

6. Other scholarships applied for and/or received: _____

Revised 1/24

CERTIFICATION

I certify that all statements contained in this application are true and correct. I believe myself eligible to apply for a scholarship under the scholarship program's established guidelines.

Signature of applicant _____ Date _____

Return this application including financial sheet along with most recent **H.S. or College transcripts (please include at least one year of grades) and two letters of recommendation** from non-relatives such as: teachers, professors, employers, etc.

All application materials must be received in the Development Office of the WellSpan Good Samaritan Hospital by **3:00 PM Friday, April 26, 2024** to be eligible for a scholarship for the 2024-2025 school year.

***THERE WILL BE NO EXCEPTIONS TO THE DEADLINE!**

Email: mzechman@wellspan.org

**Mail to:
WellSpan Good Samaritan Hospital
Development Office
Attn: Misty Zechman
PO Box 1281
Lebanon, PA 17042**

**Physical Office Location:
259 S. 4th Street, 1st Floor (corner of 4th & Locust)**

*Interviews will be held in late May or Early June. You will be contacted by email regarding your interview. Development office at 717-270-7864.