

**Enhance Educational Foundation  
Scholarship Application  
Deadline: March 02, 2009**

**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? (Essay 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, 2009.** Only complete applications will be accepted.

All applications should be sent to: Office of Steven H. Dayan, M.D., FACS  
Attn: Amy Soltysiak  
845 North 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?  No  Yes

### Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

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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