

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the parent(s), guardian(s) or applicant, if independent. The applicant is independent only if he/she is not claimed as a dependent by someone else for tax purposes. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **STATE OF RESIDENCE** is the state where the parents reside and pay state income tax.
2. **ADJUSTED GROSS INCOME** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **TOTAL FEDERAL TAX PAID** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **TOTAL INCOME** earned should be reported individually for both parents or applicant, if independent. If the student resides with only one parent, Scholarship America prefers to receive financial information from both natural parents, when possible. Financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **UNTAXED INCOME AND BENEFITS** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **MEDICAL AND DENTAL EXPENSES** include only those expenses not paid by insurance. Do not include premium payments.
7. **TOTAL CASH, CHECKING, SAVINGS, CASH VALUE OF STOCKS, ETC.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
8. **TOTAL NUMBER OF FAMILY MEMBERS** living in the household and primarily supported by the reported income includes dependent college students living away from home.
9. **MARITAL STATUS** is the current status of the person from whom the financial information is submitted.
10. **TOTAL NUMBER OF FAMILY MEMBERS ATTENDING COLLEGE** includes all family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.

1/06



Healthcare Foundation

Tenet Healthcare Foundation Scholarship Program

administered by



THE PROGRAM

Tenet Healthcare Foundation has established a healthcare scholarship program to assist students who plan to continue education in college or vocational programs. Scholarships are offered each year for full-time study at selected accredited colleges and universities.

This program is part of Tenet's commitment to maintaining quality healthcare by increasing career opportunities in the field for qualified individuals. Tenet and its subsidiaries own and operate general hospitals and many related healthcare services in communities across the U.S. Tenet Healthcare Foundation is responsible for the company's charitable giving and corporate citizenship programs.

This scholarship program is administered by Scholarship Management Services, a department of Scholarship America. Scholarship America is a national nonprofit educational support and student aid service organization that seeks to involve and assist the private sector in expanding educational opportunities and encouraging educational achievement.

ELIGIBILITY

Applicants to the Tenet Healthcare Foundation Scholarship Program must be -

- High school seniors or graduates who plan to enroll or students who are already enrolled in a full-time undergraduate course of study for the entire 2006-07 academic year at one of the following selected schools:

Dallas, TX:

El Centro College
Texas Woman's University
University of Texas at Arlington

New Orleans, LA:

Delgado Community College
Louisiana State University-Health Sciences Center
Xavier University

Philadelphia, PA:

City College of Philadelphia
LaSalle University
Drexel University-City Center Hahnemann Campus

Southern California:

California State University: Long Beach
California State University: Los Angeles
College of the Desert
East Los Angeles College
Golden West College
Rio Hondo College

Southern Florida:

Barry University
Palm Beach Community College
University of Miami

- Majoring in a healthcare-related discipline, and
- U.S. citizens who are Black/African American, Native American, Alaska Native, Hispanic/Latino, Asian or Pacific Islander.

AWARDS

Scholarship awards ranging from \$500 to \$2,000 will be awarded each year. Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the attached application and mail it along with a current complete transcript of grades to Scholarship America postmarked no later than **March 15**. On-line transcripts and grade reports are not acceptable.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship America.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, a statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal.

Once recipients are selected, financial need is assessed to determine the amount of each award. Recipients who do not demonstrate financial need or whose parents choose not to supply the requested financial information will be eligible to receive a one-time honorarium at the minimum award amount. Instructions for completing the Financial Data section of the application are found on the reverse side of this brochure.

Selection of recipients is made by Scholarship America. In no instance does any officer or employee of Tenet Healthcare Corporation or Tenet Healthcare Foundation play a part in the selection. All applicants agree to accept the decision of Scholarship America as final.

Applicants will be notified by May. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

PAYMENT OF SCHOLARSHIPS

Scholarship America processes scholarship payments on behalf of Tenet Healthcare Foundation. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school.

ADDITIONAL OPPORTUNITIES

Names and addresses of all applicants will be forwarded to Tenet Healthcare Foundation so that students may be informed of internship and/or career opportunities. Neither applicants nor recipients have any obligation to Tenet Healthcare Corporation or Tenet Healthcare Foundation. Additional opportunities are voluntary; scholarship recipients need not participate to receive award payments.

Recipients are required to supply Scholarship America with complete transcripts when requested and to notify Scholarship America of any changes of address, school enrollment, or other relevant information.

REVISIONS

Tenet Healthcare Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Tenet Healthcare Foundation
Scholarship Program
Scholarship America
One Scholarship Way, P. O. Box 297
Saint Peter, MN 56082
Telephone: (507) 931-1682



Healthcare Foundation

Tenet Healthcare Foundation Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Application postmark deadline **March 15**

Completeness and neatness insure your application will be reviewed properly

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #

AA	PD	R/C/CS	GPA	SATV/CR	SATM	ACTE	ACTM	TOTAL
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APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ E-mail Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 Applicant is a U.S. citizen? Yes No
 Please indicate your status: Male Female
 American Indian/Alaska Native Black/African American Native Hawaiian
 Asian Hispanic/Latino Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 E-mail Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations. _____ City _____ State _____
 _____ City _____ State _____
 4 yr. College or University 2 yr. Community or Junior College Year in school next year: _____
 Vocational-Technical School Other, explain _____ 1 2 3 4 5 or Graduate Study
 Major or course of study: _____ Expected college graduation date: Month _____ Year _____
 Anticipated degree: Bachelor Associate Certificate Other _____
 Student will: live on campus live off campus commute from home
 If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Employer/Position	From-Mo/Yr	To-Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities.

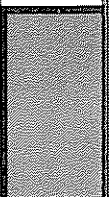
Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.



APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. **The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well. To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is extremely appropriate very appropriate moderately appropriate inappropriate

The applicant's achievements reflect his/her ability extremely well very well moderately well not well

The applicant's ability to set realistic and attainable goals is excellent good fair poor

The quality of the applicant's commitment to school and/or community is excellent good fair poor

The applicant is able to seek, find, and use learning resources extremely well very well moderately well not well

The applicant demonstrates curiosity and initiative extremely well very well moderately well not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks extremely well very well moderately well not well

The applicant's respect for self and others is excellent good fair poor

Comments _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades must be sent with this application. On-line transcripts and grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT		ACT	
	Weighted: _____ /4.0 scale	Unweighted: _____ /4.0 scale	Verbal/ Critical Reading	Math	English	Math

School _____ Date _____ Title _____ Telephone (_____) _____

Official's Signature _____ City _____ State _____ Zip _____

School Officials' Address: Street _____

PARENTS' FINANCIAL DATA

The applicant's parents or the applicant, if independent (The applicant is independent only if he/she is not claimed as a dependent by someone else for tax purposes.) must complete this portion of the application. This data will be used to determine the award amount should the applicant be selected as a recipient. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. If this section is not completely filled out, the student will be considered for a minimum award only.

- State of Residence
- Adjusted Gross Income (FORM 1040) \$ _____
- Total Federal Tax Paid (FORM 1040) \$ _____
- Total Income of Father \$ _____ (or student, if independent)
- Total Income of Mother \$ _____ (or student's spouse, if independent)
- Yearly Untaxed Income and Benefits: Please indicate source-
 Social Security AFDC Child Support Other \$ _____
- Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
- Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) .. \$ _____
- Total number of family members living in the household and primarily supported by the reported income ... # _____
- Marital status of employee parent/guardian or self, if independent:
 Married Divorced Separated Widowed Single
- Total number of family members attending college at least half-time during the next school year, including applicant # _____

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award: _____ School to which award will be applied: _____ Amount: _____

Granted Pending

Granted Pending

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application for a scholarship becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed Applicant Appraisal
 - Current Complete Transcript(s) of Grades (including grading scale)
- On-line transcripts are not acceptable.
- Postmark deadline March 15**
- All materials, including transcript, must be addressed to:
Tanet Healthcare Foundation Scholarship Program
 Scholarship America
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parents' Signature _____ Date _____