



**HOSPITAL ENGINEERING SOCIETY OF GREATER NY
Paul A. Goetze Memorial Scholarship**

SCHOLARSHIP APPLICATION

Application Date: ____ / ____ / ____ - Due December 30, 2023

Applicant's Name _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____

HES Sponsor Name _____ Relationship _____

High School Name _____ Commencement Date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

High School Average _____ Class Rank % _____ Graduation Class Size _____

SAT's Date ____ / ____ / ____ Verbal _____ Math _____

Co Curricular and Extra Curricular Activities _____

If Currently Enrolled in College:

Name of College _____ Major _____

Location _____ Credits Earned _____

Expected Commencement Date _____ GPA _____

If not in College: List College Applied to;

Accepted:

YES NO

YES NO

YES NO

College or Other Institutions you expect to attend next semester

Field of Study _____ (Send proof of enrollment with your application)



American Society for Healthcare Engineering
of the American Hospital Association

Proud Member of: