



## ***MEDICAL STAFF COMMUNITY HEALTH SCHOLARSHIP APPLICATION***

Dear Student:

The Medical Staff at Heritage Valley Beaver, is happy to announce that applications for the **Medical Staff Community Health Scholarships** are now being accepted, open to all students pursuing a healthcare career.

The Medical Staff at Heritage Valley Beaver views these scholarships as a way to show our appreciation to the community by offering scholarships (ranging from \$500 to \$1,000) to outstanding students.

Attached is a copy of the Medical Staff Community Health Scholarship application. To be considered, please complete and return the application to the following address no later than May 24, 2010:

The Medical Staff Office  
c/o Scholarship Committee  
Heritage Valley Beaver  
1000 Dutch Ridge Road  
Beaver, PA 15009

Please be sure to include a copy of your most recent and complete transcript, proof of matriculation, and a typed essay in 500 words or less regarding "How I Decided To Pursue A Career In Healthcare".

Very truly yours,

Medical Staff Scholarship Committee  
Heritage Valley Beaver

**MEDICAL STAFF COMMUNITY HEALTH SCHOLARSHIP APPLICATION**

**PERSONAL DATA**

LEGAL NAME: \_\_\_\_\_

PERMANENT HOME ADDRESS:

\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM HOME):

\_\_\_\_\_

TELEPHONE AT MAILING ADDRESS: (      ) \_\_\_\_\_

CITIZENSHIP:       U.S.       PERMANENT RESIDENT OF U.S.       OTHER

POSSIBLE CAREER OR PROFESSIONAL PLAN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL DATA**

SCHOOL YOU ATTEND NOW: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (      ) \_\_\_\_\_

TYPE OF PROGRAM:     DIPLOMA \_\_\_\_\_     DEGREE \_\_\_\_\_

EXPECTED DATE OF GRADUATION:    MONTH \_\_\_\_\_    DAY \_\_\_\_\_    YEAR \_\_\_\_\_

I'VE ATTACHED A COPY OF MY MOST RECENT GRADE REPORT.

I'VE ATTACHED PROOF OF MATRICULATION.

**ACADEMIC HONORS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP & PARTICIPATION IN PROFESSIONAL ACTIVITIES**

\_\_\_\_\_

\_\_\_\_\_

**EXTRACURRICULAR AND COMMUNITY ACTIVITIES**

(LIST ACTIVITIES AND NUMBER OF HOURS/WEEK SPENT ON EACH)

<u>ACTIVITY</u>	<u>NUMBER OF HOURS</u>

**WORK AND VOLUNTEER EXPERIENCE**

(PLEASE LIST ANY JOB OR VOLUNTEER POSITION YOU HAVE HELD IN THE PAST 5 YEARS INCLUDING SUMMER JOBS)

NATURE OF WORK	EMPLOYER	APPROX.DATES	HOURS/WEEK

**FINANCIAL INFORMATION**

PLEASE LIST NAMES, AGES, AND RELATIONSHIP OF THOSE CURRENTLY LIVING IN YOUR HOUSEHOLD (INCLUDE YOURSELF): IN THE "INCOME" COLUMN REPORT THE CURRENT ESTIMATED ANNUAL INCOME OF ANYONE LISTED IN YOUR HOUSEHOLD THAT IS EMPLOYED PART-TIME OR FULL-TIME.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>INCOME</u>

**WRITTEN ESSAY**

I'VE ATTACHED A TYPED ESSAY IN 500 WORDS OR LESS REGARDING "HOW I DECIDED TO PURSUE A CAREER IN HEALTHCARE".

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STUDENT SIGNATURE DATE