



2019 APPLICATION

HERITAGE VALLEY BEAVER MEDICAL STAFF SCHOLARSHIP & HERITAGE VALLEY SEWICKLEY MEDICAL STAFF SCHOLARSHIP

Dear Student:

The Medical Staffs of Heritage Valley Beaver and Heritage Valley Sewickley hospitals are happy to announce that applications for the **Medical Staff Scholarships** are now being accepted, open to all students pursuing a health care career.

The Medical Staffs view these scholarships as a way to show our appreciation to the community by offering scholarships to outstanding students who have financial need and who will hopefully one day serve the community in which they live.

Attached is a copy of the Medical Staffs Scholarship application. To be considered, please complete and return one application to the following address no later than May 31, 2019:

Heritage Valley Health System
Attention: Cliff Glovier
Medical Staff Scholarship
420 Rouser Road, Suite 102
Moon Township, PA 15108

Please be sure to include a copy of:

- your most recent and complete transcript,
- proof of matriculation or enrollment,
- a copy of the latest Federal Income Tax return or FAFSA form for each person listed in the Financial Information section, and
- a typed essay in 500 words or less regarding “Why I Decided To Pursue A Career In Health Care.”

Unfortunately, we are unable to consider applications submitted without the required attachments.

Very truly yours,

Medical Staff Scholarship Committee
Heritage Valley Beaver and Heritage Valley Sewickley



Uniquely Connected. For life.SM

**HERITAGE VALLEY
HEALTH SYSTEM**

***HERITAGE VALLEY BEAVER AND HERITAGE VALLEY SEWICKLEY
MEDICAL STAFFS SCHOLARSHIP APPLICATION***

PERSONAL DATA

LEGAL NAME PRINTED: _____

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 AND COMPLETE TRANSCRIPT.

I'VE ATTACHED PROOF OF MATRICULATION OR ENROLLMENT.

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)

<u>NATURE OF WORK</u>	<u>EMPLOYER</u>	<u>APPROX.DATES</u>	<u>HOURS/WEEK</u>

FINANCIAL INFORMATION

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

I'VE ATTACHED A COPY OF THE MOST RECENT FEDERAL INCOME TAX RETURN, OR FAFSA FORM FOR EACH PERSON LISTED.

<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 "WHY I DECIDED TO PURSUE A CAREER IN HEALTH CARE".

STUDENT SIGNATURE

DATE