

SCHOLARSHIP APPLICATION

For Funding Coordinated by the Western Maryland Health System Foundation

2017 Academic Year Scholarship and Information/Application

Please photocopy the application making as many copies as necessary.
You are required to submit one application for each scholarship for which you are applying.
Only one envelope is necessary to mail all applications.

1. Refer to page three (3) of this application for a list of the supporting documents needed (i.e., personal essay, letter of recommendation, evidence of GPA, etc.). Incomplete applications will not be considered.
2. If you have any questions about the application, please call the Foundation office at 240-964-8061.
3. Applicants are encouraged to apply for as many scholarships as they are eligible.

SCHOLARSHIP NAME: _____

*Refer to the **2017 Scholarship Summary Brochure** for eligibility requirements. The Nancy D. Adams Nursing Leadership Scholarship and the WMHS Auxiliary Scholarship require a separate designated application.

Please type or print your answers. If application is illegible it will be disqualified.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____
3.	Telephone Numbers: Home () Work: () Cell: ()
4.	Email Address: _____
5.	Date of Birth: Month Day Year
6.	Social Security Number: _____
7.	In the Fall of 2017, I will be attending college as a: (Circle one) Freshman Sophomore Junior Senior Other: _____ Major: _____ Anticipated Graduation Date: _____(month)_____(year)
8.	I will be attending the following school in the Fall of 2016: _____ Proof of acceptance or current student enrollment from the above school is required . See page 3, question 18.
9.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required. See page 3, question 18.
10.	Are <u>you</u> a ? (Circle one) : WMHS Employee WMHS Volunteer WMHS Auxiliary Member Yes _____ No _____ (Check one) Past___ or Present ___ (Check one) If your answer is 'yes' please answer blocks A, B, C, D & E below. If your answer is 'no' go to item 11.
	A. Name of WMHS Facility/Campus: _____ D. Department Name: _____
	B. Length of your employment/volunteering at WMHS: _____ E. Employment Status: (Check one) ____ Full Time ____ Part Time ____ Relief

	C.	Supervisor's Name	F.	Supervisor's Work Phone #:			
11.	Is your <u>spouse, parent, legal guardian, grandparent, child or step-child</u> a? (Circle one) : WMHS Employee WMHS Volunteer WMHS Auxiliary Member Yes _____ No _____ (Check one) Past ___ or Present ___ (Check one) If your answer is 'yes' please answer blocks A, B, C, D, E, F & G below. If your answer is 'no' go to item 12.)						
	A.	Their full name:					
	B.	Name of WMHS Facility/Campus:	E.	Department Name:			
	C.	Length of <i>their</i> employment/volunteering at WMHS:	F.	<i>Their</i> Relationship To You:			
	D.	<i>Their</i> supervisor's Name:	G.	<i>Their</i> Supervisor's Work Phone #:			
12.	List the name of any college you have attended. (If you have not attended college yet, go to question 12.)			Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
	A.						
	B.						
	C.						
13.	List expenses you expect to incur per semester or quarter:						
	A.	Tuition:	Amount: \$				
	B.	Books:	Amount: \$				
	C.	Room & Board:	Amount: \$				
	D.	Other expenses:	Amount: \$	Describe below under comments			
	E.	Other expenses:	Amount: \$	"			
Comments:							
14.	List other financial assistance you will receive per semester or quarter:						
	A.	Personal:	Amount: \$				
	B.	Other Scholarship(s):	Amount: \$	Describe below under comments			
	C.	Grants:	Amount: \$	"			
	C.	Student Loan(s):	Amount: \$	"			
	D.	Other Financial Resources:	Amount: \$	"			
Comments:							

Use an additional sheet if you need more room to list financial information requested in items 13 & 14.

15.	What are your educational and professional goals and objectives? Please attach a brief essay describing why you would like to pursue a career in health care and what contribution you will make to the patients and community you will serve.	
16.	List your community service activities and extracurricular activities, especially those related to health care. Please note any leadership positions you have held in these activities.	
17.	List your academic honors or special recognition received:	
18.	A. The following items must be attached for this application to qualify and be reviewed by the scholarship committee. B. Circle "YES" or "NO" to be sure you have attached each item as required.	
	YES	NO Personal Essay. A brief essay describing your educational and professional goals and objectives is required. Elaborate on why you would like to pursue a health care career and what contribution you will make to the patients and community you will serve.
	YES	NO One Letter of Recommendation. Name of Person Providing Recommendation: _____ Position or Title of Person Providing Recommendation: _____
	YES	NO Proof of college acceptance or current student enrollment. A letter of college acceptance is required if you are enrolled in a nursing school, a medical school or a beginning freshman (otherwise a current college transcript will be acceptable).
	YES	NO Most recent high school or college transcript with <i>Cumulative</i> GPA listed.

Consent and Conditions of Acceptance

I hereby give my consent to the Western Maryland Health System Foundation to obtain information about me that is pertinent to this scholarship application and to verify the information contained herein. This information includes, but is not limited to, financial aid, billing data, grades and any other data relevant to the consideration of this application. I further understand and agree that, if awarded a scholarship, the Western Maryland Health System and the Western Maryland Health System Foundation may use my photograph and relevant personal information for educational or promotional purposes only. I agree that copies of all photographs, statements and advertisements remain the property of the Western Maryland Health System. I hereby release the Western Maryland Health System and the Western Maryland Health System Foundation, their personnel and other persons handling the above-mentioned material from any liability connected with this material.

*I understand that should I be awarded a **WMHS Foundation Nursing Excellence, Family or Community Health Care Scholarship**, I will be required to sign a promissory note in an amount equivalent to the amount of the scholarship received and with the conditions specified in the promissory note. Upon graduation from the approved program of study, the promissory note will be forgiven at the rate of one year of employment with the Western Maryland Health System for each year of scholarship received. Should I breach the conditions of the promissory note; the note will become due and payable at that time.*

I have read, understand and agree to the consent and conditions of acceptance of this scholarship application.

Applicant's signature _____

**Name and signature of applicant's parent or legal guardian if applicant is under 18 years of age:*

Name (print) _____

Signature _____

*Please return completed application/s and current transcript to:
WMHS Foundation Office
P.O. Box 539
Cumberland, MD 21501-0539*

REMEMBER

The deadline for this application to be considered by the Scholarship Committee is

Monday, March 27, 2017.

*Selected applicants will be notified, via phone, of their status by **Monday, April 24, 2017.***

We strongly encourage you to complete the FAFSA (Free Application for Federal Student Aid) to receive all Financial aid for which you may be eligible. The application can be found online at www.fafsa.ed.gov.