# SCHOLARSHIP APPLICATION

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| **Applicant’s Name:**  LAST FIRST MIDDLE  **Healthcare program of study you will pursue:**  **U.S. Citizen/Permanent Resident? Yes**  **No**  **Local Mailing Address:**  **City:**  **County:**  **State:**  **Zip:**  **Telephone: Home**  **Cell:**  **Email Address:**  **High School attended:**  **Date of Graduation:**  **College/Last School Attended:**  **Degree Received**  **Applicant’s place of employment:**  **Supervisor’s name:**  **Telephone:**  **Name of school you are planning to attend:**  **List expenses you plan to incur this semester:**  **Tuition $**  **Room & Board $** | |
| **Books $** | **Other $** |
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**List other financial assistance you will receive per semester (grants, scholarships, loans, other):**

***I hereby give my consent to the WMHS Auxiliary to obtain information which is pertinent to my scholarship application and to share this information with the members of the scholarship selection committee.***

**Signature of Applicant**  **Date**

**Attachments: *Please initial each***

* **Essay (one page-typed)**
* **Resume \_\_\_\_\_**
* **Copy of High School/College transcript**
* **Proof of acceptance to school of choice**
* **One Letter of Recommendation**

For questions, please contact: Sharon Cosgrove, [cosgrovesr@upmc.edu,](mailto:cosgrovesr@upmc.edu) 240-964-8051

# SCHOLARSHIP GUIDELINES

**Name of Scholarship:** WMHS Auxiliary Scholarship

# Number of Awards: 5

**Amount of Scholarship:** $2,000 for one academic year

**Payment:** Funds will be paid directly to the school in two payments for tuition only.

$1,000 Fall Semester and $1,000 Spring Semester (upon receipt of transcript showing a minimum 3.5 *cumulative* GPA)

**Application due date:** Applications must be received or postmarked by

5:00 PM on Friday, March 31, 2023.

# Application requirements: (8 pages, maximum)

1. Complete and sign application and submit by due date.
2. Write and attach a one-page, typed essay describing your educational and professional goals. Explain how this scholarship will affect and benefit your education. State your reasons for pursuing a healthcare career and the contribution you hope to make to patient care and the community you will serve.
3. Attach a copy of your most recent high school or college transcript.
4. Provide proof of acceptance to your school of choice.
5. Attach a letter of recommendation from a school/community person (unrelated to you) who can comment on your character and work habits (please provide them with letter of recommendation template).
6. Submit a Resume which includes work history, education history, honors and awards, skills, and extra-curricular activities.
7. Use only binder clips or paper clips for documents. (NO STAPLES)

# Submit application to:

WMHS Auxiliary

P.O. Box 777

Cumberland, MD 21501

or [cosgrovesr@upmc.edu.](mailto:cosgrovesr@upmc.edu)

**Winners will be notified by phone of his/her status by Friday, April 28, 2023. All applicants will receive a letter regarding their status by May 12, 2023.**