

# WMHS Auxiliary Scholarship

2024-2025 ACADEMIC YEAR

## Tuition Reimbursement Application

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Applicant's Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Healthcare field you are working in: \_\_\_\_\_

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 \_\_\_\_\_

Supervisor's name & department: \_\_\_\_\_

Phone: \_\_\_\_\_

Total debt load carrying for education: \_\_\_\_\_

List other financial assistance you currently receive to help pay for your education:

\_\_\_\_\_  
\_\_\_\_\_

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*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 and submit no more than 8 pages by Friday, June 14, 2024:**

- Application \_\_\_\_\_
- Essay (one page-typed) \_\_\_\_\_
- Resume \_\_\_\_\_
- Copy of College transcript \_\_\_\_\_
- Two Letters of Recommendation \_\_\_\_\_

For questions, please contact: Patricia Wright, Director of Volunteer Services & Auxiliary Liaison  
[wrightpm@upmc.edu](mailto:wrightpm@upmc.edu) or 240-964-8499

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2024-2025 ACADEMIC YEAR

## Tuition Reimbursement Application

- Name of Scholarship:** WMHS Auxiliary Scholarship
- Number of Awards:** Six scholarship awards, divided between tuition reimbursement awards and merit-based educational assistance awards.
- Amount of Scholarship:** **\$2,000** for one academic year . Funds will be paid directly to the school in two payments for tuition only: \$1K in the Fall semester and \$1K in the Spring semester (upon receipt of transcript for each semester, demonstrating a minimum 3.5 *cumulative* GPA)
- Application due date:** Applications must be postmarked (or received) by **3:00 PM on Friday, June 14, 2024.**
- Application requirements: (8 pages, maximum)**
1. Complete and sign application and submit by due date, along with the following documents.
  2. Write and attach a one-page typed essay describing the contributions to patient care and the impact you are making within the UPMC Western Maryland organization. Explain how this scholarship will impact you.
  3. Attach a copy of your most recent college transcript.
  4. Attach two letters 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 from our website).
  5. Submit a resume, which includes work history, education history, honors and awards, skills, and extra-curricular activities.
  6. Use only binder clips or paper clips for documents. (NO STAPLES)

**Submit application to:**

Patty Wright, Director of Volunteer Services & Auxiliary Liaison  
12400 Willowbrook Road  
Cumberland, MD 21502  
or [wrightpm@upmc.edu](mailto:wrightpm@upmc.edu).

***Applications must be postmarked (or delivered) by Friday, June 14, 2024, 3 pm. Winners will be notified by phone or email of his/her status by Monday, July 8, 2024. All applicants will receive a letter regarding their status by July 15, 2024.***