



Hamot Health Foundation Scholarship Application Checklist:

- Completed application
- 2 letters of professional references
- Statement of professional/educational goals

Statement of Professional/Education Goals:

Attach a typed statement of your professional and educational goals. Explain in one page or less, your career goals and how this scholarship will help you meet those goals.

Statement of Understanding (for higher educational scholarships):

I understand that if I am a Hamot Health Foundation scholarship recipient, I will need to sign an agreement which requires me to work at UPMC Hamot or other UPMC Business Units (UPMC) continuously for at least one (1) year following the receipt of the scholarship (presuming UPMC continues to need my services).

****PLEASE NOTE, ALL SCHOLARSHIPS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION AND NOT THE EMPLOYEE. YOU MUST SUBMIT YOUR TUITION BILL TO HAMOT HEALTH FOUNDATION WITH AN OUTSTANDING BALANCE EQUAL OR GREATER TO THE AMOUNT OF YOUR SCHOLARSHIP.**

Applicant Signature: _____ Date: _____



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Cell Phone: _____ e-mail: _____

Best number and time of day to contact: _____

I am requesting funding for (ex. completion of degree, attending seminar, etc.): _____

Education

Current school attending: _____ Address: _____

From: _____ To: _____ Date of anticipated graduation? _____

No transcripts available. I have recently started the program.

Other previous higher education: _____ Address: _____

From: _____ To: _____ Degree obtained: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Scholarship Application

Employment Experience

Current UPMC Facility: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO

Previous: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Financial Aid Worksheet

FOR EDUCATIONAL SCHOLARSHIP

EXPENSES

Annual Tuition and Fees: _____

CURRENT ANTICIPATED FINANCIAL AID

UPMC Tuition Assistance: _____

Other sources of funding: _____

FOR TRAINING, SEMINAR, ETC.

EXPENSES

Total cost of program: _____

CURRENT ANTICIPATED FINANCIAL AID

UPMC Support: _____

Other sources of funding: _____

Scholarship Application

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

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