



### **Hamot Health Foundation Scholarship Application Checklist:**

- Completed **typed** application
- 2 professional reference letters
- Statement of professional/educational goals
- Transcripts

**\*PLEASE SUBMIT YOUR SCANNED APPLICATION AND REQUIRED DOCUMENTS AS ONE FILE AND E-MAIL TO JEFF HART at [hartjc@upmc.edu](mailto:hartjc@upmc.edu)**

### **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.

### **Transcripts:**

Please attach a transcript from your nursing program showing course work to date (if currently enrolled) or from your last school attended (if not currently enrolled).

### **Statement of Understanding:**

**I understand that if I am a scholarship recipient, I will need to sign a letter of 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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- Attach statement of professional/educational goals
- Attach transcripts