



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):

If I am awarded a scholarship, I understand that

- I am responsible for signing and submitting a scholarship agreement after notification of my award.
- I am responsible for submitting my tuition bill to Hamot Health Foundation with an outstanding balance equal or greater to the amount of my scholarship.
- My scholarship will be paid directly to the educational institution I am attending.

Applicant Signature: _____ Date: _____

Scholarship Application



Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Cell Phone: e-mail:

Best number and time of day to contact:

Current degree/education level:

Education being sought through this scholarship request:

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:

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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 transcripts