



### **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:**

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 statement of professional/educational goals
- Attach transcripts