

**MEDICAL STAFF SCHOLARSHIP**

**Northwest Hospital Foundation Scholarship Application Checklist:**

* Completed Application
* 2 Letters of Professional References
* Statement of Professional/Educational Goals
* Transcripts

**Statement of Professional/Educational Goals:**

Attach a type-written 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 awarded a Northwest Hospital Foundation scholarship, I must sign an agreement that will, among other things, require me to submit my tuition bill to the Foundation and permit the use of my name and photograph for promotional purposes.

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

**Please submit your application and required documents as one file and email to Theresa Edder at edderta2@upmc.edu.**

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| **Northwest Hospital Foundation Scholarship Application** | | |
| **Applicant Information** | | |
| Full Name: | | |
| Address:  *Street, Apt. Number* | | |
| *City, State Zip Code* | | |
| Phone: | Cell Phone: | Email: |
| Best number and time of day to contact: | | |
| I am requesting funding for (ex. completion of degree, certificate, etc.): | | |

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| **Education** |

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| Current school attending: | | |
| Address: | | |
| From: | To: | Date of anticipated graduation? |
| My transcripts are enclosed. | | |
| No transcripts are available. I have recently or not yet started the program. | | |
| Other previous higher education: | | |
| Address: | | |
| From: | To: | Degree obtained: |

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| **References** |

*Please list two professional references* ***and include their letters with this application.***

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| --- | --- |
| Full Name: | Relationship: |
| Company: | Phone: |
| Address: |  |
|  |  |
| Full Name: | Relationship: |
| Company: | Phone: |
| Address: |  |

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| **Employment Experience** |

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| --- | --- | --- | --- |
| 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: | | |

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| **Financial Aid Worksheet** |

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| EXPENSES |
| Annual Tuition and Fees: |
| CURRENT ANTICIPATED FINANCIAL AID |
| UPMC Tuition Assistance: |
| Other Sources of Funding: |

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| **Signature** |

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

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| Signature: | Date: |

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