

Pinnacle Health Auxiliary

PINNACLE HEALTH AUXILIARY ERNEST R. MCDOWELL HEALTH CAREER SCHOLARSHIPS

Permanent residents of the Greater Harrisburg Area are invited to apply for scholarship award consideration in their pursuit of higher education at an accredited institution offering a course of education in a health career field. Any student attending, having received acceptance, or pending acceptance at any accredited institution is invited to apply. (Acceptance must be verified before scholarships are awarded.)

Each application will be reviewed by the Pinnacle Health Auxiliary Health Career Scholarship Committee. Scholarships from \$1,000 to \$2,000 will be awarded annually. Money may be used only for education expenses.

All questions on the application form must be completed. Any additional statements an applicant may deem important to the Scholarship Committee may be attached. All information included in the application shall remain confidential with the Scholarship Committee.

**This application must be received OR postmarked by
March 31, 2024 for consideration by the committee.**

Recipients will be notified before June 15. If you are not notified by June 15, you were not chosen to receive a scholarship. All applicants are invited to reapply yearly.

Mary Beth Sembrot
Co-Chair
Pinnacle Health Auxiliary

Cindy Banducci
Co-Chair
Pinnacle Health Auxiliary

**Pinnacle Health Auxiliary
The Ernest R. McDowell
Health Career Scholarship Application**

The purpose of this application is to gain information about your background, education, interests, achievements, and financial situation. Your application will be reviewed by a committee which will make awards based on financial need, academic standing, personal interests, and achievements. The committee does not discriminate based on race or ethnic group, religion, color, ancestry, place of birth, marital status, sexual orientation, sex, age, national origin, genetic information, mental and physical disability, and/or veteran status. The personal information you submit on your application will remain confidential.

I hereby apply for a Health Career Scholarship from the Pinnacle Health Auxiliary to continue my education in the health care field.

_____ (give specific title of approved allied health career curriculum)

at _____ (give full name of approved institution or college)

during the academic year beginning _____ 20__ and ending _____ 20__ where I will be enrolled full time as ___ 1st year, ___ 2nd year, ___ 3rd year, ___ 4th year, ___ Graduate Student

Accepted at university/college _____.

If your school decision is pending, please check here _____.

I. PERSONAL DATA

a) Full name _____ (Last) (First) (Middle)

b) Legal address _____ (Street) (City)

_____ (County) (State) (Zip)

c) Email _____ Phone # _____ Male ___ Female ___

d) Resident of Pennsylvania? ___ Yes ___ No If yes, from _____ to present.

e) Age _____ Date of Birth _____ Place of Birth _____

f) Marital Status: ___ Single ___ Separated ___ Married ___ Divorced ___ Widowed

g) Number of children or dependents _____ Their ages ___ ___ ___ ___ ___

h) Have you ever volunteered in a health care facility? ___ Yes ___ No
If so, where _____ How long? _____

II. EDUCATIONAL DATA

a) High School _____
(Name) (Address) (Dates Attended Mo./Yr.)

High school students, please send a TRANSCRIPT which includes current grades, class rank, GPA, SAT, ACT (if taken), and activities.

b) College _____
(Name) (Address) (Dates Attended Mo./Yr.)

College students, please send a TRANSCRIPT of college grades only.

Major _____ Graduated ___ Yes ___ No

c) Other _____
(Name) (Address) (Dates Attended Mo./Yr.)

Please send a TRANSCRIPT of grades.

III. PERSONAL REFERENCES

A. NEW, FIRST TIME, OR REPEAT APPLICANTS: One letter of recommendation is required. This letter must be written by a teacher in a class in which you are CURRENTLY enrolled for the 2023-2024 school year. This reference letter must be received by the application deadline. Without a reference letter, your application will not be considered.

B. PREVIOUS SCHOLARSHIP RECIPIENTS: One academic letter of recommendation from an instructor IN YOUR MAJOR during the 2023-2024 school year.

VI. TO BE COMPLETED BY APPLICANT'S PARENTS, GUARDIAN OR SPOUSE

(If applicant is employed, please list employment and earnings)

Applicant's Father, Male Guardian or Spouse	Applicant's Mother, Female Guardian Or Spouse
Home Address	Home Address
Occupation and Title	Occupation and Title
Employed by No. of Yrs.	Employed by No. of Yrs.
Earnings per year before taxes Amount \$ _____	Earnings per year before taxes Amount \$ _____
If parents are separated or divorced, please give amount of support for applicant \$ _____ per year.	

Additional dependent family members (who reside with parents)

Name	Age	If attending college, list name of college and cost per year.

Additional financial information or anticipated hardship
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VII. NOTIFICATION

The Committee will review your application. Please feel free to include any additional information you think would help in the selection process. Recipients will be notified before June 15. **If you are not notified by June 15, you were not chosen to receive a scholarship.**

VIII. STUDENT’S CERTIFICATION AND AUTHORIZATION

I hereby certify that the information given on this application is, to the best of my knowledge and belief, complete and correct. I hereby grant the Scholarship Committee of the Pinnacle Health Auxiliary the authority to verify any of the information and authorize the school that I am attending to release to the Committee my grades and all other data requested by the Committee to meet their requirements and guidelines.

I hereby agree and consent for UPMC Pinnacle to publish my name and/or my photo(s) for Pinnacle Health Auxiliary, Pinnacle Health Foundation, and UPMC Central Pa. publication, website, or general media purposes pertaining to the Ernest R. McDowell Health Career Scholarship. This I do without claim to remuneration or charges immediate or future.

_____ Date

_____ Signature of Applicant

This application must be received or postmarked by **March 31, 2024**, for consideration by the Committee. All scholarship application materials are to be mailed to:

Cindy Banducci
569 Windsor Court
Hummelstown, PA 17036

If you have any questions, email:

Cindy Banducci
lucibanducci@gmail.com

Checklist:

The following materials are being submitted with my application form:

- 1) Transcript
***High School Students - be sure to include your SAT scores _____
- 2) Letter of Recommendation _____