

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 \$500 to \$1500 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
April 5, 2021 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.

Kathy Darowish
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 on the basis of 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 an OFFICIAL 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 an OFFICIAL TRANSCRIPT of college grades only.

Major _____ Graduated Yes No

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

Please send an OFFICIAL 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 2020 - 2021 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 2020 - 2021 school year.

IV. INCLUDE A SHORT ESSAY (200 WORDS OR LESS) ON THE FOLLOWING:

What have you learned about yourself during the COVID-19 Pandemic?

V. FINANCIAL DATA CONCERNING STUDENT APPLICANT

a) Estimated School Expenses for Year
Tuition. \$ _____
Fees \$ _____
Books and Supplies \$ _____
Room and Board \$ _____
Travel \$ _____
Other \$ _____
Total \$ _____

Where do you plan to live while at school? Home Dormitory
 Room Apartment

Do you or your family have extraordinary expenses?

If answer is yes, please explain: _____

Other (give details) _____

b) Personal Resources Available for the 2020-2021 School Year

Savings (self)	\$ _____
Earnings (self)	\$ _____
Scholarships	\$ _____
Grants	\$ _____
Employer Reimbursement	\$ _____
Loans	\$ _____
Parental Support	\$ _____
529 Plan	\$ _____
GI Bill	\$ _____
Other	\$ _____
Total	\$ _____

Will you be receiving financial aid for the school year covered in this application?

___ Yes ___ No Amount \$ _____

From whom? _____

Other (give details) _____

c) Are you currently employed? ___ Yes ___ No

If so, where? _____

How many hours per week? _____

Have you had to borrow money in your own name to finance any part of your

education to date? ___ Yes ___ No

If yes, source of loan	Amount borrowed
_____	\$ _____
_____	_____

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.																				
If retired, benefits received:																					
<table> <tr> <td></td> <td>Amount</td> </tr> <tr> <td>None</td> <td>\$ _____</td> </tr> <tr> <td>Employee</td> <td>_____</td> </tr> <tr> <td>Social Security</td> <td>_____</td> </tr> <tr> <td>Other (explain)</td> <td>_____</td> </tr> </table>		Amount	None	\$ _____	Employee	_____	Social Security	_____	Other (explain)	_____	<table> <tr> <td></td> <td>Amount</td> </tr> <tr> <td>None</td> <td>\$ _____</td> </tr> <tr> <td>Employee</td> <td>_____</td> </tr> <tr> <td>Social Security</td> <td>_____</td> </tr> <tr> <td>Other (explain)</td> <td>_____</td> </tr> </table>		Amount	None	\$ _____	Employee	_____	Social Security	_____	Other (explain)	_____
	Amount																				
None	\$ _____																				
Employee	_____																				
Social Security	_____																				
Other (explain)	_____																				
	Amount																				
None	\$ _____																				
Employee	_____																				
Social Security	_____																				
Other (explain)	_____																				
Earnings per year before taxes	Earnings per year before taxes																				
Amount \$ _____	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

Other income of parents or spouse from interest, dividends, net rental, etc.

- | | |
|-----------------|----------------|
| () Under 500 | () 3 - 4,000 |
| () 500 - 1,000 | () 4 - 5,000 |
| () 1 - 2,000 | () Over 5,000 |

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 Pinnacle 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 **April 5, 2021** for consideration by the Committee. All scholarship application materials are to be mailed to:

**Kathy Darowish
5 Harrogate Drive
Hummelstown, PA 17036**

If you have any questions, email:

Kathy Darowish
kdntow@aol.com

The following materials are being submitted with my application form:

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