



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**

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: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Cell Phone: _____ Email: _____

Best Number and time of day to contact: _____

Employment Experience

Current UPMC Hamot Department: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Full Time Part Time Per Diem

Responsibilities: _____

From: _____ To: _____

May we contact your supervisor for a reference? YES NO



Previous: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Full Time Part Time Per Diem

Responsibilities: _____

From: _____ To: _____



Scholarship Application

Education

Current highest level of education: _____

Degree being sought through this scholarship request: _____

Current school attending: _____ Address: _____

From: _____ To: _____ Expected graduation date: _____

No transcripts available. I have recently started the program.

Financial Aid Worksheet

EXPENSES

Annual Tuition: _____ Other fees/ associated costs: _____

CURRENT EXPECTED FINANCIAL AID

UPMC Tuition Assistance: YES NO

If no, why? _____

Other scholarships or sources of funding: _____

Annual amount of student loans received: _____

Estimated out of pocket tuition: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Scholarship Application

Signature

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

Signature: _____ Date: _____

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