

**SCHOLARSHIP PROGRAM APPLICATION**

**Dear Scholarship Applicant:**

Thank you for your interest in the PAAHCR Scholarship Program provided for the child, spouse, significant other, friend or family member of a current PAAHCR member who is pursuing healthcare-related education (related to direct or indirect patient care).

Every complete application received by the deadline will be given a fair and careful evaluation. All information will be held in strict confidence by PAAHCR. Approximately eight-ten weeks following the application deadline, you will be notified whether or not you are selected as a recipient. All applications become the property of PAAHCR and cannot be returned.

**THINGS TO REMEMBER IN APPLYING FOR A SCHOLARSHIP:**

- The application postmark deadline is November 1, 2009.
- A current complete transcript (or high school grades) is required and must be submitted with the application. Online transcripts and grade reports are not acceptable.
- Carefully review the completed application before it is submitted. PAAHCR reserves the right to process only those applications found to be complete by the application postmark deadline.
- YOU are responsible for forwarding all required information.

**APPLICANT DATA**

**NAME**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**HOME MAILING ADDRESS**

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DATE OF BIRTH**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Telephone(\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

**PAAHCR MEMBER INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Organization \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number(\_\_\_\_\_) \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of post-secondary (or technical program) you plan to attend. Use official school names. Do not use abbreviations.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major or Course of Study \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

**SCHOLARSHIP PROGRAM APPLICATION**

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. **DO NOT** repeat information already reported in the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the past four years (e.g., food server, baby-sitting, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amount earned at each job.

Employer/Position	From M/Yr.	To M/Yr.	Hours Per Week	Earnings

**ACTIVITIES, AWARDS, AND HONORS**

List all school activities in which you have participated during the past 4 years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past 4 years (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics). Note special awards, honors, and offices held. Indicate whether high school or college activities.

Activity	No. Yrs. Part.	Special Honors/ Awards	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement of your plans as they relate to your educational and career objectives and long-term goals.

---



---



---

**OPTIONAL**

Please describe any extenuating circumstance which may have affected your achievement in school, work experience, or participation in school and community activities.

---



---



---

## SCHOLARSHIP PROGRAM APPLICATION

### APPLICATION CHECKLIST

The student is responsible for submitting all materials to PAAHCR on time. This application for scholarship becomes complete and valid only when PAAHCR has received all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades
- PAAHCR member, letter of recommendation

**All materials must be addressed to:**

**PAAHCR Scholarship Program  
c/o Michele Meehan  
Recruiter  
Holy Redeemer Health System  
821 Huntingdon Pike  
Huntingdon Valley, PA 19006**

### CERTIFICATION

PAAHCR has the responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of PAAHCR. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of PAAHCR are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of PAAHCR member \_\_\_\_\_ Date \_\_\_\_\_

*Thank you.*