



Russell C. McLucas, MD, Scholarship Application Form

- PURPOSE:** To promote health care related careers in Fulton County, Pennsylvania.
- ELIGIBILITY:** Residents of Fulton County, Southern Huntingdon County, western Franklin County, eastern Bedford County, Hancock, Maryland and children of FCMC staff who are seeking a career in Direct Delivery Patient Care.
- NUMBER OF SCHOLARSHIPS:** Number of scholarships will vary based on qualified applicants and market conditions.
- FINANCIAL AMOUNT:** Up to \$1,000 each year
- SCHOLARSHIP QUALIFICATIONS:** The candidate must have an undergraduate degree (BA or BS) and be pursuing a post-graduate degree with an emphasis in a health care-related field, to include, but not be limited to, doctorate programs, masters programs and other post-graduate degrees of study.
- APPLICATION MATERIALS / SELECTION WEIGHTING TOTAL 100 POINTS:**
- a. Academic performance (TRANSCRIPT)/30 points
 - b. Resume/10 points
 - c. Essay/30 points
 - d. Reference letters/15 points
 - e. Financial Need/15 points
- SELECTION PROCESS:** Application review and selection of recipients will be completed by the Scholarship Committee comprised of the Fulton County Medical Center Staff and members of the Fulton County Medical Center Foundation Board.
- TIME FRAME:** Applications must be completed **in full** and submitted to the Fulton County Medical Center Foundation, c/o Chris Boryan and must be postmarked by **April 8, 2015**. The interview and selection process will be conducted in May. If selected for a scholarship, you may be asked to provide a short testimonial at the annual scholarship fundraiser.
- NOTIFICATION:** All applicants will receive notification by mail no later than June 28, 2015.
- AVAILABILITY:** Applications are available by contacting the Foundation staff member listed below.





Russell C. McLucas, MD, Scholarship Program Application

I am (check all that apply):

- A resident of Fulton County, Pennsylvania
- A resident of Hancock, Maryland
- The child of a current FCMC employee
- A former FCMCF scholarship recipient
- A college graduate in a health care field considering or currently enrolled in a post-graduate program
- A resident of southern Huntingdon County, western Franklin County or eastern Bedford County

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENT/LEGAL GUARDIAN: _____

UNDERGRADUATE COLLEGE NAME: _____

PROGRAM OF STUDY/GRADUATION DATE: _____

NAME OF POST-GRADUATE SCHOOL ATTENDING/ACCEPTED TO:

ANTICIPATED DATE OF GRADUATION: _____

HEALTH CAREER SELECTED: _____

(Please note if already enrolled)

BEGINNING DATE OF PROGRAM: _____

HAVE YOU EVER VOLUNTEERED OR ATTENDED OTHER EDUCATIONAL OPPORTUNITIES AT FCMC?
YES / NO (circle) IF SO PLEASE LIST (not required to receive a scholarship):





Please attach the following to your application and submit to the Foundation staff member listed below:

1. Completed Academic Credentials Form and a copy of official college transcript
2. A 250 - 500 word typed essay by applicant explaining background, career goals and reason for career selection
3. Three letters of reference
4. Resume
5. Acceptance letter into a program that pertains to a health care field (Not necessary if a semester or more of a program has already been completed)
6. Confidential Information: If you would like points for financial need, please complete the section below OR attach a copy of your FAFSA (Federal Student Aid) application. If you have any questions about definitions in this section or any other questions about the application, please call Chris Boryan at 717-485-6322.

a. Have you received scholarships or funding in the past based on financial need? ____ Yes ____ No

If so, from where? _____

Please attach a copy of the award notice(s).

b. Are you declared as a dependent on someone else's tax return? ____ Yes ____ No

c. Do you have dependents that you claim on your tax return? ____ Yes ____ No

d. What is the size of your family? _____

e. What is the total family income from your last tax filings? \$_____ (include all family members' income added together)

f. Do you or anyone in your family receive government aid? ____ Yes ____ No

If yes, please circle any you receive: Medicare/Medicaid; TANF; Food Stamps; CHIP; Other(s) (list):





Academic Credentials Form

STUDENT NAME: _____

ADDRESS: _____

COLLEGE NAME: _____

FINAL GRADE POINT AVERAGE (Minimum 3.0 or above required): _____

EXTRACURRICULAR ACTIVITIES: _____

GROUP MEMBERSHIPS: _____

COMMUNITY SERVICE ACTIVITIES: _____

WORK EXPERIENCE: _____

