Fulton County Medical Center Foundation
Health Careers Scholarship Program
Supporting students in our community since 2001

www.fcmcpa.org/scholarship-program

GRADUATING SECONDARY SCHOOL SENIOR & CONTINUING POST-SECONDARY HEALTH CAREERS SCHOLARSHIP PROGRAM

PURPOSE: To promote careers in health care in Fulton County, Pennsylvania.

The Fulton County Medical Center Foundation Health Careers Scholarship Program is offering scholarships to graduates of a Fulton County Schools, healthcare-related post-secondary students and children of current FCMC employees. Eligible applicants must be seeking a career in a health care field.

ELIGIBILITY: Any Fulton County graduating senior pursuing a degree in a health care field, children of current FCMC employees who are entering or in a healthcare education program and past recipients of the FCMC scholarship who have updated the Foundation on their education status and are continuing toward a healthcare education.

NUMBER OF SCHOLARSHIPS: At least 5 will be awarded for school year 2015-2016

FINANCIAL AMOUNT: Up to $1,500 each

SCHOLARSHIP QUALIFICATIONS: Must have received written acknowledgment of acceptance into a program that pertains to a health care field, or, must be enrolled in healthcare or pre-med courses in secondary school.

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 Board and members of the Fulton County Medical Center Foundation

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.

APPLICATION AVAILABILITY: Applications are available by contacting the FCMC Foundation staff member listed below.

Chris Boryan, Foundation Assistant
214 Peach Orchard Road
McConnellsburg, PA 17233

Office - (717) 485-6322
E-mail – cboryan@fcmcpa.org
Website –www.fcmcpa.org/scholarship-program

HEALTH CAREERS SCHOLARSHIP PROGRAM APPLICATION

I am (check all that apply):

___ A Fulton County High School Graduating Senior
___ The child of a current FCMC employee
___ A former FCMCF Scholarship Recipient
___ In a health care education program and may practice in the area upon graduation
___ A college student in a health care field considering practicing in Fulton County, Pennsylvania

NAME:_____

ADDRESS:_____

_____

HOME PHONE:_____ CELL PHONE_____

E-MAIL ADDRESS: _____

PARENT/LEGAL GUARDIAN: _____

STUDENT IS (circle one): HIGH SCHOOL SENIOR OR CURRENT POST-SECONDARY STUDENT

HIGH SCHOOL: _____

POST-SECONDARY INSTITUTION: _____

IF A HIGH SCHOOL SENIOR, NAME OF POST-SECONDARY INSTITUTION TO BE ATTENDING:

_____

DATE OF GRADUATION: _____

HEALTH CAREER SELECTED: _____

(Please note if already enrolled)

BEGINNING DATE OF PROGRAM: _____

IF HIGH SCHOOL SENIOR, ANTICIPATED DATE OF POST-SECONDARY SCHOOL GRADUATION:

_____

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, signed by high school guidance counselor and a copy of high school transcript with most current marking period grades, or, send copy of unofficial 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. 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.)

5. 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 or ____ 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):

   _____

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ACADEMIC CREDENTIALS FORM

STUDENT NAME: _____

ADDRESS: _____

_____

HIGH SCHOOL NAME/GPA: _____

COLLEGE NAME/GPA (3.5 required for current college students):_____

EXTRACURRICULAR ACTIVITIES: _____

_____

_____

_____

GROUP MEMBERSHIPS: _____

_____

_____

COMMUNITY SERVICE ACTIVITIES: _____

_____

_____

WORK EXPERIENCE: _____

_____

_____

_____

_____
Signature of Guidance Counselor if applicable

_____
Date

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