March 1, 2023

Dear Student:

The University of Maryland Upper Chesapeake Health Volunteer Services Association (UMUCH VSA) will be awarding five $1,000.00 scholarships to High School Seniors graduating in 2023, who are pursuing an education in the field of Medicine (nursing, physician, pharmacy, imaging, physical therapy). The scholarship is for the academic year 2023-2024 and will be applied toward tuition only at the college where the recipient is attending.

Eligibility is based on the following:

- Academic performance and the college preparatory courses taken.
- Extracurricular activities, part-time work, and community involvement.
- Special circumstances.
- Pursuit of studies toward a degree in the field of Medicine (nursing, physician, pharmacy, imaging, physical therapy, etc.).
- Volunteer service at a hospital, nursing home, or agency.
- Recommendation from a personal reference.
- Scholarship money must be used between June 30, 2023 and March 1, 2024.

Financial need will be considered but is not mandatory. Applicants selected will be required to meet with our committee for a personal interview.

To apply:

1. Complete the enclosed application.
2. Create a paragraph indicating the healthcare profession you plan to pursue.
3. Provide completed paperwork from steps 1 & 2 to your Guidance Counselor.
4. Follow up with your Counselor to make sure their department submitted your completed Scholarship Application packet prior to the deadline. The packet needs to include your application, healthcare profession paragraph, high school transcript with first semester senior grades, GPA for past seven semesters and a letter of recommendation.

Applications must be in to the Scholarship Committee, UM UCH Volunteer Services Association no later than Friday, April 14, 2023.

UM UCH Volunteer Office
c/o Scholarship Committee
500 Upper Chesapeake Drive
Bel Air, MD 21014
Volunteer Services Association
Healthcare Careers Scholarship Application
Academic Year 2023-2024

Name (Please Print) ____________________________________________

Address ____________________________________________________________
Street __________________________ City __________________________ State __________ Zip __________

Home Telephone Number __________________________ Date of Birth __________________________ Email Address __________________________

Name of High School __________________________

Date of Graduation __________________________ Present Grade Point Average __________________________

Where do you plan to attend college? __________________________ __________________________

Is this a 2___3___ or 4___ year program? (Check one)

Have you been accepted? Yes___ No___ Date that classes begin________

Father's Name __________________________
Address __________________________
Occupation_________________________ Place of Employment________________________

Mother's Name __________________________
Address (if different from above) __________________________

Occupation __________________________ Place of Employment __________________________

No. of brothers at home______ Ages__________ Grade in School __________

No. of sisters at home_______ Ages__________ Grade in School __________
Are any members of your family presently attending college?

Yes_____No_____

If yes,____________________________________________________

Who?          Name of School          Academic Year

Are there any special circumstances that you feel should be considered when reviewing your application?

Yes___________  No__________ If yes, please explain_______________________

________________________________________________________________________

Have you applied for financial aid or any other scholarship?  Yes__________ No__________

If yes, complete the following:

Name of scholarship(s)  Check ( ) if you and/or aid for which you have already re-
Check ( ) if you have applied. have received the award. Give the dollar amount of the aid

( )

( )

( )

( )

( )

Were you on a work-study program?  Yes_____ No_____  

If yes, explain where and when______________________________________________

Have you been employed? Yes_____ No_____ Dates of employment_________________

Place of Employment ________________________________________________________

Address___________________________________________________________________

How many hours a week do you work?_________________________________________

List your extra curricular activities at school, community services, church activities, other:

________________________________________________________________________
List awards (scholastic awards or other academic honors, sports awards, community awards, other): (Additional sheets may be attached)

________________________________________________________________________________________

________________________________________________________________________________________

Do you volunteer at University of Maryland Upper Chesapeake Health? __________________________

Attach a paragraph (typed) indicating the healthcare profession you have chosen to pursue and why you selected that field. Please include in your paragraph how you hope to contribute to the healthcare profession after the completion of your studies.

Be sure to have your counselor attach the following before mailing:

1) A transcript including your first semester grades for the senior year.
2) Your grade point average for seven semesters.
3) A letter of recommendation from a personal reference such as a teacher, counselor or non-relative who can speak to your strengths

Your counselor is to mail the completed application packet to:
UM Upper Chesapeake Health
Volunteer Services Office
c/o Scholarship Committee
500 Upper Chesapeake Drive
Bel Air, MD 21014

It is your responsibility to follow up with your counselor to insure that the UM UCH VSA Scholarship Committee receives your application on or before Friday, April 14, 2023.

This scholarship is to be applied to the tuition portion of your bill only. Your college will be instructed to return the funds should your situation change and tuition is not needed. The Volunteer Services Association reserves the right to be reimbursed if a student of his or her own volition chooses not to complete the academic year or has not continued under the guidelines as specified by eligibility requirements. As a student receiving this scholarship, my parents or guardian and I understand and agree to the above statement.

_______________________________________  __________________________
Signature of Student                      Date

_______________________________________  __________________________
Signature of Parent or Guardian          Date