

January 4, 2024

Dear Student:

The University of Maryland Upper Chesapeake Health Volunteer Services (UMUCH VS) will be awarding fifteen $1,000.00 scholarships to High School Seniors graduating in 2024, who are pursuing an education in the field of Medicine *(nursing, physician, pharmacy, imaging, physical therapy, etc.)*.The scholarship is for the academic year 2024-2025 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, 2024 and March 1, 2025.

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 no later than **Friday, April 12, 2024.**

UM UCH Volunteer Services Office

c/o Scholarship Committee

500 Upper Chesapeake Drive

Bel Air, MD 21014

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**Volunteer Services**

**Healthcare Careers Scholarship Application**

Academic Year 2024-2025

Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Middle First

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\_\_\_\_\_

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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 Give the dollar

and/or aid for which have already re- amount of the aid

you have applied. ceived the award. and/or scholarship

 ( )

 ( )

 ( )

 ( )

 ( )

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 extracurricular activities at school, community services, church activities, other:

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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 VS Scholarship Committee receives your application **on or before Friday, April 12, 2024**.

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