March 1, 2020

Dear Student:

The University of Maryland Upper Chesapeake Medical Center (UMUCMC) Volunteer Services Association will be awarding twelve $1,000.00 scholarships to High School Seniors graduating in 2020, who are pursuing an education in the field of Medicine *(nursing, physician, pharmacy, imaging, physical therapy etc)*.The scholarship is for the academic year 2020-2021 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 Guidance Counselor, Administrator or Teacher.
* Scholarship money must be used between June 30, 2020 and March 1, 2021.

Financial need will be considered but is not mandatory. Applicants selected will be required to meet with the University of Maryland Upper Chesapeake Medical Center VSA Scholarship 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, most recent SAT/ACT scores, 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, University of Maryland Upper Chesapeake Medical Center Volunteer Services Association no later than Wednesday, April 8, 2020. It is your responsibility to meet the deadline.

UM Upper Chesapeake Medical Center

Volunteer Services Association

Scholarship Committee

**UNIVERSITY OF MARYLAND UPPER CHESAPEAKE MEDICAL CENTER**

**500 Upper Chesapeake Drive**

**Bel Air, MD 21014**

**VOLUNTEER SERVICES**

Volunteer Services Association

Healthcare Careers Scholarship Application

Academic Year 2020-2021

Name(Please Print)

 Last First M.I.

Address

 Street City ST Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Home Telephone Number Date of Birth Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School Address

\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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

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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 extra curricular 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)

What do you do in your spare time? What are your hobbies?

Do you volunteer at University of Maryland Upper Chesapeake Medical Center?

Please indicate the number of hours you volunteered at University of Maryland Upper Chesapeake Medical Center.\_\_\_\_\_\_\_ Dates of Service

Please indicate the number of hours of volunteer service performed at other hospital(s) or organizations.

Give the name of the hospital or organization.

What duties have you had as a volunteer?

Please list three personal references (may not be relatives)

 Name Address Telephone No.

1.

2.

3.

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**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) Copy of your S.A.T. or A.C.T. scores.

2) A transcript including your first semester grades for the senior year.

3) Your grade point average for seven semesters.

4) A letter of recommendation from your counselor.

Your counselor is to mail the completed application packet to:

 Scholarship Committee

 University of Maryland Upper Chesapeake Medical Center

 Volunteer Services Association

 500 Upper Chesapeake Drive

 Bel Air, MD 21014

It is your responsibility to follow up with your counselor to insure that the VSA Scholarship Committee receives your application on or before Wednesday, April 8, 2020.

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