



January 28, 2025

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 2025, 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, 2025 and March 1, 2026.

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 11, 2025**.

UM UCH Volunteer Services Office
c/o Scholarship Committee
500 Upper Chesapeake Drive
Bel Air, MD 21014



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

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__

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) and/or aid for which you have applied.	Check () if you have already received the award.	Give the dollar amount of the aid 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: _____

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 11, 2025.**

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