

# The Sophia E. Powell Nursing (CRNP) Scholarship APPLICATION

For funding coordinated by the WMHS Foundation

## 2025-2026 Academic Year

1. Refer to page three (3) of this application for a list of the supporting documents needed (i.e., personal essay, letter of recommendation, evidence of GPA, etc.). Incomplete applications will not be considered.
2. If you have any questions about the application, please contact the Foundation office at 240-964-8100 or houtll@upmc.edu.

\*Refer to the **2025-2026 Sophia E. Powell Scholarship flyer** for full eligibility requirements.

PLEASE TYPE OR PRINT YOUR ANSWERS. IF APPLICATION IS ILLEGIBLE, IT WILL BE DISQUALIFIED.				
1.	Last Name:		First Name:	
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____			
3.	Telephone Numbers: Home (     )     Work (     )     Cell (     )			
4.	Email Address:			
5.	Date of Birth:    Month                      Day                      Year			
6.	Social Security Number:			
7.	<b>In the Fall of 2025</b> , I will be attending an accredited Certified Registered Nurse Practitioner (CRNP) program at the following college/university: _____ <i>Proof of acceptance or current student enrollment from the above school is <b>required</b>. See page 3, question 17.</i> <b>*Applicants must be a full-time student (minimum 12 credit hours/semester)</b>			
8.	Anticipated Graduation Date: _____ (month _____ (year)			
9.	<b>Cumulative</b> Grade Point Average (GPA): _____ (On a 4.0 scale) <i>Attach proof of GPA. Your most recent <b>official</b> school transcript/s required:</i> <ul style="list-style-type: none"><li>• Final GPA for BSN Degree</li><li>• Current GPA if Already Enrolled in a CRNP Program</li></ul> <i>See page 3, question 17.</i>			
10.	Are <u>you</u> a (circle all that apply): <b>UPMC Western MD Employee</b> <b>UPMC Volunteer</b> <b>UPMC Auxiliary Member</b> Yes _____ No _____ (Check one)                      Past ___ or Present ___ (Check one) If your answer is 'YES' please answer blocks A, B, C, D & E below. If your answer is 'NO' go to item 11.			
	A.	Name of UPMC Facility/Campus:	D.	Department Name:
	B.	Length of your employment/volunteering at UPMC:	E.	Employment Status: (Check one) ___ Full Time ___ Part Time ___ Relief
	C.	Supervisor's Name	F.	Supervisor's Work Phone #:

11.	List the name of all colleges you have attended.	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
	A.				
	B.				
	C.				
	D.				
12.	List expenses you expect to incur per semester or quarter: .				
	A.	Tuition:	Amount: \$		
	B.	Books:	Amount: \$		
	D.	Other expenses:	Amount: \$	Describe below under comments	
Comments:					
13.	List other financial assistance you will receive per semester or quarter:				
	B.	Other Scholarship(s):	Amount: \$	Describe below under comments	
	C.	Grants:	Amount: \$	Describe below under comments	
	C.	Student Loan(s):	Amount: \$	Describe below under comments	
Comments:					

Use an additional sheet if you need more room to list financial information requested in items 12 & 13.

14.	What are your educational and professional goals and objectives? Please <b>attach</b> an essay describing why you would like to pursue a career as a Certified Registered Nurse Practitioner (CRNP) and what contribution you will make to the patients and community you will serve. Please also explain how this scholarship will help support your financial needs and assist in reaching your academic/professional goals.
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15.	List your community service activities and extracurricular activities, especially those related to health care. Please note any leadership positions you have held in these activities. <table border="1" data-bbox="159 184 1542 541"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
16.	List your academic honors or special recognition received: <table border="1" data-bbox="159 619 1542 976"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							
17.	A. The following items must be attached for this application to qualify and be reviewed by the scholarship committee. B. Circle "YES" or "NO" to be sure you have attached each item as required.							
	YES	NO	<b>Personal Essay.</b> A brief essay describing your educational and professional goals and objectives is required. <ul style="list-style-type: none"> <li>• Elaborate on why you would like to pursue a career as a Certified Registered Nurse Practitioner (CRNP) and what contribution you will make to the patients and community you will serve.</li> <li>• Explain how this scholarship will help support your financial needs and assist in reaching your academic/professional goals.</li> </ul>					
	YES	NO	<b>One Letter of Recommendation.</b> Name of Person Providing Recommendation: _____ Position or Title of Person Providing Recommendation: _____					
	YES	NO	<b>Proof of college acceptance.</b> A letter of college acceptance into an accredited Certified Registered Nurse Practitioner (CRNP) program is required.					
	YES	NO	<b>Most recent college transcript/s with <i>Cumulative</i> GPA listed.</b> <ul style="list-style-type: none"> <li>• <i>Final GPA for BSN Degree</i></li> <li>• <i>Current GPA if Already Enrolled in a CRNP Program</i></li> </ul>					

## **Consent and Conditions of Acceptance**

*I hereby give my consent to the Western Maryland Health System Foundation to obtain information about me that is pertinent to this scholarship application and to verify the information contained herein. This information includes, but is not limited to, financial aid, billing data, grades and any other data relevant to the consideration of this application. I further understand and agree that, if awarded a scholarship, UPMC Western Maryland and the Western Maryland Health System Foundation may use my photograph and relevant personal information for educational or promotional purposes only. I agree that copies of all photographs, statements and advertisements remain the property of the Western Maryland Health System Foundation. I hereby release UPMC Western Maryland and the Western Maryland Health System Foundation, their personnel, and other persons handling the above-mentioned material from any liability connected with this material.*

*I understand that should I be awarded the **Sophia E. Powell Nursing Scholarship**; I will be required to sign a promissory note in an amount equivalent to the amount of the scholarship received and with the conditions specified in the promissory note. Upon graduation from the approved program of study, the promissory note will be forgiven at the rate of one year of employment with UPMC Western Maryland for each year of scholarship received. Should I breach the conditions of the promissory note; the note will become due and payable at that time.*

*I have read, understand, and agree to the consent and conditions of acceptance of this scholarship application.*

Applicant's Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

*Please return completed application/s and current transcript to:*

**SCHOLARSHIPS**

**ATTN: Lisa Hout**

**WMHS Foundation Office**

**P.O. Box 539**

**Cumberland, MD 21501-0539**

## **REMEMBER**

**Applications and all necessary enclosures must be postmarked or received by 5 pm on **Monday, June 30, 2025****

**Selected applicant will be notified, via phone, of their status by **Monday, July 14, 2025.****

You are encouraged to complete the FAFSA (Free Application for Federal Student Aid) to receive all financial aid for which you may be eligible. The application can be found online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

\*UPMC Western Maryland staff are also encouraged to apply for tuition assistance equaling \$6,000/year for full-time employees. For a full list of colleges and universities recognized and eligible for UPMC tuition assistance, refer to the UPMC Infonet.