

SCHOLARSHIP APPLICATION

For funding coordinated by the WMHS Foundation
2025-26 Academic Year Scholarship and Information/Application

Please photocopy the application, making as many copies as necessary.

You are required to submit one application for each scholarship for which you are applying.
Only one envelope is necessary to submit all applications.

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 call the Foundation office at 240-964-8061.
3. Applicants are encouraged to apply for as many scholarships as they are eligible.

SCHOLARSHIP NAME: _____

*Refer to the **2025 Scholarship Summary Brochure** for eligibility requirements. The Nancy D. Adams Nursing Leadership and Sophia E. Powell scholarships require separate designated applications.

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.	In the fall of 2025, I will be attending college as a: (Circle one) Freshman Sophomore Junior Senior Other: _____ Major: _____ Anticipated graduation date: _____ (Month) _____ (Year)			
8.	I will be attending the following school in the fall of 2025: _____ <i>Proof of acceptance or current student enrollment from the above school is REQUIRED. See page 3, question 18.</i>			
9.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) <i>Attach proof of GPA. Your most recent OFFICIAL school transcript required. See page 3, question 18.</i>			
10.	Are you a WMHS Employee? Yes _____ No _____ (Check one) If your answer is 'YES' please complete sections 10A-10F below. If your answer is 'NO' proceed to section 11.			
	A.	Name of UPMC Western Maryland facility/campus: _____	D.	Department name: _____
	B.	Length of employment/volunteering at UPMC WMD: _____	E.	Job title: _____
	C.	Supervisor's name and work phone #: _____	F.	Employment status: (Check one) ____ Full Time ____ Part Time ____ Relief

11.	List the name of any college you have attended. (If you have not attended college yet, proceed to question 12.)		Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
	A.					
	B.					
	C.					
12.	List expenses you expect to incur per semester or quarter:					
	A.	Tuition: \$				
	B.	Books: \$				
	C.	Room & Board: \$				
	D.	Other expenses: \$ Describe below under comments				
	E.	Other expenses: \$ "				
Comments:						
13.	What are your educational and professional goals and objectives? Please attach a brief essay describing why you would like to pursue a career in health care and what contribution you will make to the patients and community you will serve.					
14.	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.					

15.	List your academic honors or special recognition received:		
16.	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	Personal Essay. A brief essay (One page MAXIMUM) describing your educational and professional goals and objectives is required. Elaborate on why you would like to pursue a health care career and what contribution you will make to the patients and community you will serve.
	YES	NO	One Letter of Recommendation. Name of Person Providing Recommendation: _____ Position or Title of Person Providing Recommendation: _____
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college acceptance is required if you are enrolled in a nursing school, a medical school or a beginning freshman (otherwise a current college transcript will be acceptable).
	YES	NO	Most recent high school or college transcript with <i>Cumulative</i> GPA listed.

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 UPMC Western Maryland.

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 a **WMHS Foundation Nursing Excellence, Community Health Care, or Rising Nurses 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.*

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

Applicant's signature _____

**Name and signature of applicant's parent or legal guardian if applicant is under 18 years of age:*

Name (print) _____

Signature _____

Please return completed application(s) and current transcript to:

SCHOLARSHIPS
WMHS Foundation Office
12400 Willowbrook Road
Cumberland, MD 21502

REMEMBER

*The deadline for this application and all necessary enclosures is **Friday, September 12th by 3 pm**, except for the Kim & Marion Leonard Mindfulness Scholarship, which accepts applications year-round.*

*Selected applicants will be notified, via phone, of their status by **Tuesday, September 30th**.*

We strongly encourage you 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.