

NANCY D. ADAMS NURSING LEADERSHIP SCHOLARSHIP APPLICATION

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

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.

SCHOLARSHIP NAME: NANCY D. ADAMS NURSING LEADERSHIP SCHOLARSHIP

**Please visit www.wmhsfoundation.com to review scholarship 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.	In the fall of 2025, I will be attending college as a: (Circle one) Junior Senior Other: _____ Major: _____ Anticipated graduation date: _____ (month) _____ (year)			
8.	I will be attending the following school in the <u>fall of 2025</u> : _____ Proof of acceptance or current student enrollment from the above school is required . See page 3, question 18.			
9.	<u>Cumulative</u> Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required. See page 3, question 18.			
10.	Are <u>you</u> a? (Circle all which apply) : WMHS Employee WMHS Volunteer WMHS Auxiliary Member 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 Western Maryland Facility/Campus:	D.	Department name:
	B.	Length of employment at UPMC Western Maryland:	E.	Employment status: (Check one) ___ Full Time ___ Part Time ___ Relief
	C.	Supervisor's name and work phone #:	F.	Job title:

14.	Please attach a brief essay or portfolio outlining your demonstrated leadership ability.		
15.	List your community service activities and extracurricular activities/professional memberships, especially those related to health care. Please note any leadership positions you have held in these activities.		
16.	List your academic honors or special recognition received:		
17.	A. The following items must be attached for this application to qualify to 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 or Portfolio. A brief essay or portfolio outlining your demonstrated leadership ability.
	YES	NO	Two (2) Letters of Recommendation: A letter of endorsement from applicant's direct supervisor <u>AND</u> one from a member of the UPMC Western Maryland medical staff. Name of Direct Supervisor Providing Recommendation: _____ Name of UPMC Western Maryland Medical Staff Providing Recommendation _____
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college acceptance or enrollment verification to a BSN or higher Nursing/Business Administration program
	YES	NO	Most recent college transcript.

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

Applicant's signature _____ Date _____

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 its necessary enclosures is
Friday, September 12, 2025 at 3 PM.*

Selected applicants will be notified 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.