

John Family Health Careers Scholarship

AT EVANGELICAL COMMUNITY HOSPITAL

The John Family Health Careers Scholarship at Evangelical Community Hospital provides annual financial aid awards to traditional or non-traditional students entering college for the purpose of pursuing a career as a respiratory therapist, medical technologist, clinical laboratory scientist, cytotechnologist, echo technologist, cardiovascular technologist, or physical therapist.

Awarding of scholarships will be based first on the financial need of the applicant, and second, on their academic record. Preference will be given to any individual who is returning to the area after serving our country in the Armed Forces or who is a spouse or child of a veteran or active duty member of the Armed Forces.



Eligibility

Candidates for the John Family Health Careers Scholarship must meet the following requirements:

- Have a diploma or equivalent from an accredited high school in Union, Snyder, or Northumberland County, Pennsylvania.
- Demonstrate financial need, based on the estimated out of pocket contribution after applying other federal, state, and private grants.
- Possess an excellent academic record, as demonstrated by high school or college transcripts, or possess an excellent service record in the Armed Forces provided with application for scholarship.
- Provide a copy of a letter of acceptance to an accredited postsecondary school for the purpose of pursuing a degree for a career as a respiratory therapist, medical technologist, clinical laboratory scientist, cytotechnologist, echo technologist, cardiovascular technologist, or physical therapist.
- Complete a scholarship application submitted to Evangelical Community Hospital by April 1 deadline.
- Submit two letters of recommendation from the following: teachers, coaches, employers or clergy, or other professional references.
- Write an essay of not more than two pages describing your reason for pursuing a career in the healthcare field (for new applicants) or describing the biggest lessons learned during the academic year related to a career in the chosen healthcare field (for renewal applicants).

Up to six awards of \$5,000 will be made each year. No student will be eligible to receive an award for more than four years. Evidence of continued interest in a targeted healthcare field and satisfactory academic standing in a professional program must be demonstrated by the recipient. The recipient's continued eligibility is to be reviewed annually by the Scholarship Committee.

Conditions

Recipients of the John Family Health Careers Scholarship will be encouraged to participate in activities at Evangelical Community Hospital such as the student intern program, health fairs, recruitment fairs, etc. The Hospital's Organizational Development Manager will coordinate these activities.

Notification

Applicants will be notified in writing of the decision of the Scholarship Committee no later than June 1 of each calendar year.

The scholarship application will contain no questions for the purpose of limiting or excluding any applicants from consideration for the scholarship because of race, color, religion, ancestry, age, sex, national origin, sexual orientation, or non-job related handicap or disability.

Evangelical Community Hospital reserves the right to make changes, amendments and/or modifications with regard to the operation of the Scholarship Fund. The Fund is at the sole discretion of the Hospital and is deemed necessary for the proper administration of the purposes of the Fund.

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APPLICATION

Complete and submit along with all required documents.

Please Check One: New Application Renewal Application

I. General Information

Applicant's Name: _____ Birth date (MM/DD/YY): _____

Home Address: _____

Preferred Telephone Number: _____ Email: _____

II. Education

High School Attended: _____ Year of high school graduation: _____

List any schools attended beyond high school and date(s) of attendance:

Grade Point Average: _____ *(Please submit an official transcript of high school grades, or college grades, as applicable.)*

List any degree or certificate earned and the date:

Colleges to which you have been admitted or are currently attending: *(Please submit a letter showing acceptance into a targeted program from an accredited post secondary institution.)*

Name of School: _____

Program: _____

III. Educational Plans

Are you applying for any other grants or scholarships? (circle one) Y or N If so, please list the source and amount:

What is your (or your family's) estimated out of pocket contribution for the upcoming academic year: _____

If your career plans materialize as you hope, what would you be doing...

in 5 years? _____

in 10 years? _____

IV. Family

Name of family member	Relationship to student	Age	Claimed by parents on most recent tax return?	Current year in school	Name of school attending	Will enroll in school next year? Y or N
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						

Please attach a copy of the Student Aid Report (the result of filing a Free Application for Federal Student Aid Form [FAFSA]).

V. Military Service

Have you served in the Military? (circle one) Y or N (*Please attach a copy of your service record.*)

Are you the spouse or child of a Veteran? (circle one) Y or N (or) Active Duty Member of the Armed Forces (circle one) Y or N

If so, what branch? _____

Years of Service? _____

Veterans must provide a copy of their DD-214.

VI. Extracurricular Activities

Please list all school and community activities in which you have participated and note any offices held.

VII. References

At least **two** written letters of recommendation must be submitted. Examples include: high school counselors or teachers, professors, clergy, coaches, employers, or other professional references. These letters of recommendation may be mailed with your application or sent separately.

I wish to be considered as a candidate for John Family Health Careers Scholarships at Evangelical Community Hospital. I understand that this scholarship is awarded, and can be renewed, on a yearly basis for a maximum of four years. Scholarship renewal may be possible by providing evidence of my continued interest in the allied health profession and satisfactory academic standing.

Signature of Applicant: _____ Date: _____

(if applicable) Signature of Parent or Guardian: _____ Date: _____

Please include an essay with this application. If this is a new application, please describe why you are pursuing healthcare as a career choice. If this is a renewal application, please describe the biggest lessons learned during the academic year related to your career choice. Provide any other information you feel pertinent to help us evaluate your application. Return to:

Evangelical Community Hospital
 John Family Health Careers Scholarship Program
 One Hospital Drive, Lewisburg, PA 17837