



# CalvertHealth™ Foundation

## Allied Health Scholarship Application Packet

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*This packet contains:*

1. Program Guidelines
2. Application for scholarship funds
3. Reference questionnaires

### **Instructions:**

1. Complete the Application Form as completely and neatly as possible. Do not leave blank spaces and **include your essay**.
2. Contact the references you have listed on the application and provide them with the reference questionnaires. It is advisable to also provide them with addressed envelopes and reiterate to them the importance of having their reference completed and delivered to the CalvertHealth Foundation on or before the application deadline of April 30 to:

CalvertHealth Foundation, Inc.  
Scholarship Committee  
PO Box 2127  
Prince Frederick, MD 20678

*References can also be emailed to [foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org) or submitted on the website at [www.calverthealthfoundation.org/scholarships](http://www.calverthealthfoundation.org/scholarships)*

3. Obtain copies of most recent official high school transcript and official college transcript/s and attach to the completed application along with notification of acceptance to an **accredited allied health program**. *Repeat applicants do not need to resubmit high school/college transcripts that haven't changed since the previous year, i.e. you are no longer an active student at that school. Current transcripts are still required for submission with annual application submission.*
4. Sign and date the application.
5. Return completed application to the CalvertHealth Foundation prior to the filing deadline as outlined in the program guidelines. Incomplete applications (*i.e. missing references, transcripts, etc.*) as of the filing deadline will not be considered.

## Allied Health Scholarship Program Guidelines

We appreciate your interest in the Scholarship Program administered by the CalvertHealth Foundation. These guidelines are presented to answer questions you may have concerning the scholarship awards.

### Who is eligible to apply?

- 1) Any student who is presently accepted at an accredited school of nursing or other healthcare curriculum offering a course of study leading to licensure as a Practical or Registered Nurse or other health-related classification.
- 2) Preference will be given to residents of Calvert County and Anne Arundel County; second preference will be given to residents of St. Mary's and Charles County.

### Does financial need affect eligibility?

No; financial need does not affect eligibility. While financial need as determined by the number of other scholarships, grants and resources an individual has earned is reviewed by the committee and may affect the amount of assistance granted, it is not the sole or overriding determinant. The CalvertHealth Foundation is interested in selecting the best possible candidates for the awards.

### What specifies the award?

- 1) These awards are pre-determined scholarships.
- 2) While there is no pay back attached to this scholarship, either in cash or hours worked, awardees must apply for employment at CalvertHealth following graduation. *See letter of intent for more information.*

### How and when to apply?

- 1) Fill out the accompanying application which includes three (3) reference questionnaires to be submitted to:

CalvertHealth Foundation  
Scholarship Committee  
PO Box 2127  
Prince Frederick, MD 20678

References can also be emailed to [foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org) or submitted on the website at [www.calverthealthfoundation.org/scholarships](http://www.calverthealthfoundation.org/scholarships)

- 2) Applications should be postmarked on or before **April 30**. Monies will be awarded beginning in July.

### Is re-application necessary for continual financial assistance?

Yes, interested students need to reapply each year by the deadline for continuation of the scholarship for the next school year.

**Complete applications** include the application, essay (information included on the application form), transcripts, acceptance letter and all references. If you have any further questions concerning the program, contact the CalvertHealth Foundation at 410.414.4570.

## Completed Application Checklist

The following checklist has been created for your convenience as you prepare your application package. ALL documents must be postmarked, emailed, or submitted online by the April 30 deadline. Please allow ample time if mailing your application to ensure it is received by April 30. We recommend sending your items at least two weeks in advance if mailing.

- Typed or clearly written, fully completed, signed Application Form
- Typed or clearly written essay question
- Notice of acceptance into a fully accredited allied health program at the college you are attending/ will be attending in the next semester
- Official high school transcript from the last high school attended (or home school documentation if home schooled) if attended within the last four years. *Once submitted, this no longer needs to be submitted in subsequent years.*
- Official transcript of all colleges attended within the last four years. *Once submitted, only updated transcripts need to be submitted in subsequent years.*
- Three completed references – each reference should complete and sign a CalvertHealth Foundation Scholarship Reference Form, and should correspond to the three references you list on page 3 of the Application Form. The references can (1) mail their form directly to the CalvertHealth Foundation, (2) you can include them in your application packet as long as they are in a sealed envelope which the person making the reference has signed across the envelope seal, (3) the person making the reference can email the completed reference form to [foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org) (4) or the reference can submit their form online at [www.calverthealthfoundation.org/scholarships](http://www.calverthealthfoundation.org/scholarships). All references must be received by April 30.

Return the completed application package to the CalvertHealth Foundation prior to the filing deadline of April 30. Incomplete applications (i.e. missing references, transcripts, etc.) as of the filing deadline will not be considered.

### Mailing Address:

CalvertHealth Foundation  
PO Box 2127  
Prince Frederick, MD 20678

### Physical Address:

CalvertHealth Foundation  
106 Hospital Road  
Prince Frederick, MD 20678

### E-Mail Address:

[foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org)

### Online Submission

[www.calverthealthfoundation.org/scholarships](http://www.calverthealthfoundation.org/scholarships)

# 2023 CalvertHealth Foundation, Inc.

## Application for Allied Health Scholarship

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### Basic Information *(please type or print clearly):*

Name: \_\_\_\_\_  
*Last First Middle Initial*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name/s *(if a minor)*:  
\_\_\_\_\_

### List community activities in which you participate *(e.g. civic organizations, volunteer experience)*

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### List high schools and colleges attended within the last four years (please submit official transcripts with your application):

Name	City, State	Dates Attended:	Diploma Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School for which assistance is requested: \_\_\_\_\_

Indicate the curriculum in which you have been accepted (ex: Nursing):  
\_\_\_\_\_

Has your admission been approved by the university:  Yes  No (Please attach your letter of acceptance.)

When will you graduate? Month \_\_\_\_\_ Year \_\_\_\_\_

Anticipated expenses *per semester*.

Tuition \_\_\_\_\_

Books \_\_\_\_\_

**Total per semester** \_\_\_\_\_

List all scholarships, loans and grants previously awarded to you, currently pending, or applied for:

<b>Name of Scholarship and Sponsor</b>	<b>Year &amp; Duration</b>	<b>Amount Awarded</b>	<b>Previous Award</b>	<b>Current Year</b>	<b>Applied for</b>

List three (3) most recent employers:

<b>Dates</b>	<b>Employer and Address</b>	<b>Position</b>	<b>Reason for leaving</b>

***Please disclose any relationship you may have with any of the following:***

Any officer or director or employee of the Foundation, Calvert Health System, Inc. or CalvertHealth Medical Center, any member of the Calvert County Medical Society or any substantial contributor to any of the above referenced entities.

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**In a short essay of 500 words or less, please explain why you have chosen nursing or other health-related career as your career pursuit. Please use a separate piece of 8-1/2 x 11 paper and attach. Please be sure your name is on your essay.**

List three (3) references that will provide comments concerning your abilities. One must be a previous or current instructor, and, if employed, your present employer. The remaining may be acquaintances other than parents and relatives.

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

(3) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**Please stress to your chosen references to return their questionnaires by the application deadline of April 30.**

*I certify the information above to be correct to the best of my knowledge.*

\_\_\_\_\_  
**Signature/Date**

## CalvertHealth Foundation Scholarship Reference

The person named below is being considered for one of the scholarship awards given by the CalvertHealth Foundation Scholarship Committee. We would appreciate your confidential comments concerning the applicant's academic ability and personal qualities.

**Applicant's name:** \_\_\_\_\_

	LOW	AVERAGE	HIGH	VERY HIGH
Punctuality				
Responsibility				
Follows directions				
Works independently				
Works well with others				
Manners and general attitude				
Academic achievement				

**Comments:**

Please mention any additional information which might help in evaluating this individual's application:

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*(use reverse if necessary)*

**Overall recommendation:**

- Not recommended
- Recommended (with reservations)
- Recommended
- Highly recommended

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please return form by April 30 to:**

CalvertHealth Foundation  
Scholarship Committee  
PO Box 2127  
Prince Frederick, MD 20678

Submissions can also be made via email to [foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org) or online at [www.calverthealthfoundation.org/scholarships](http://www.calverthealthfoundation.org/scholarships)



# CalvertHealth™ Foundation

Please sign

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**CalvertHealth Foundation, Inc.**

PO Box 2127

Prince Frederick, MD 20678

I voluntarily give CalvertHealth Foundation, Inc. permission to make a thorough investigation of my educational background and past employments and all other facts within my scholarship application and release from liability or responsibility all persons, places of business and municipalities supplying such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# CalvertHealth™ Foundation

## CalvertHealth Allied Health Scholarship Terms and Conditions

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1. I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for being disqualified from the CalvertHealth Allied Health Scholarship program.
2. The program is intended to be beneficial to both the candidate and Calvert Health System. The CalvertHealth Foundation agrees to fund a portion of the candidate's education upon meeting scholarship criteria and in return the successful applicant agrees **to apply for employment** with Calvert Health System.

Applying for a position does not imply guaranteed employment nor does the applicant have to accept employment if offered. The intent of the program is to select qualified candidates and he/she be considered with all other applicants. If the candidate is chosen and hired, he or she will receive wages equivalent to those received by other associates with the same job, title, and experience.

Thank you for interest and consideration.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_