



CalvertHealth™ Foundation

Allied Health Scholarship Application Packet

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.
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 envelopes addressed to:
CalvertHealth Foundation, Inc.
Scholarship Committee
PO Box 2127
Prince Frederick, MD 20678
3. Obtain copies of most recent high school and college official transcripts and attach to the completed application along with notification of acceptance to an accredited program.
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 sponsored by the CalvertHealth Foundation. These guidelines are presented to answer questions you may have concerning the awards.

Who is eligible to apply?

- 1) Any full-time 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) Applicants must have been a resident of Maryland for at least one (1) year; preference will be given to residents of Calvert County and Anne Arundel County.

Does financial need 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) There is no pay back attached to this scholarship, either in cash or hours worked.

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

- 2) Application filing deadline is **April 30** for the following fall and spring semesters.

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.

CalvertHealth Foundation, Inc.

Application for Allied Health Scholarship

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)*

List high schools and colleges with the last four years (please submit your 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: Registering Nursing):

Has your admission been approved: 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:

| Name of Scholarship and Sponsor | Year & Duration | Amount Awarded | Previous Award | Current Year | Applied for |
|--|--------------------------------|---------------------------|---------------------------|-------------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

List three (3) most recent employers:

| Dates | Employer and Address | Position | Reason for leaving |
|--------------|-----------------------------|-----------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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.

In a short essay of 150 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. If not employed, one must be your immediate past 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:

(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



CalvertHealth™ Foundation

Please sign all three areas

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: _____

CalvertHealth Foundation, Inc.

PO Box 2127
Prince Frederick, MD 20678

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