

**UC HEALTH WEST CHESTER
HOSPITAL SCHOLARSHIP FUND
DEADLINE: FRIDAY, MARCH 31, 2023**



1. APPLICANT INFORMATION

*First Name: _____ *Last Name: _____

*Street Address: _____

Street Address 2: _____

*City: _____ *State: _____ *Zip Code: _____

*Contact Number: _____ *Email Address: _____

*Are you a U.S. citizen?: Yes No *Gender: Female Male Prefer not to say

2. OTHER SCHOLARSHIPS & FAMILY INFORMATION

Legal Guardian Information I

*Relationship: Mother Father Stepmother Stepfather Grandparent Other

*First Name: _____ *Last Name: _____

*Contact Number: _____ *Email Address: _____

Legal Guardian Information II

*Relationship: Mother Father Stepmother Stepfather Grandparent Other

*First Name: _____ *Last Name: _____

*Contact Number: _____ *Email Address: _____

Other Scholarships

*Have you applied for or received other scholarships or financial assistance? Yes No

If yes, please describe below.

Organization I

Organization: _____

Amount Applied For (\$): _____ Amount Received (\$): _____

Organization II

Organization: _____

Amount Applied For (\$): _____ Amount Received (\$): _____

Organization III

Organization: _____

Amount Applied For (\$): _____ Amount Received (\$): _____

3. ACADEMIC INFORMATION

High School Information

*Current School: _____

*Expected Graduation Date: _____

*What is your current cumulative GPA (0.000 to 5.000)? _____

*Class Rank (format: rank/total number of students): _____

SAT score: _____ ACT score: _____

*Please upload and attach your most current high school transcript with this application.

College Plans

*College/University or Trade School you plan to attend: _____

*What is your planned field of study? _____

*Tuition: \$ _____ Room & Board (if applicable): \$ _____

*What will your academic status be when you enter college?

Freshman Sophomore Junior Senior

If you will not enter as a freshman, please explain: _____

4. EXTRACURRICULARS, VOLUNTEER AND WORK EXPERIENCE

Resume: In addition to filling out your extracurricular activities, volunteer, and work experience on this form you may also upload a resume with the application if you need additional space.

*West Chester Hospital Job Shadow, Internship or Volunteerism

Date: _____ Role: _____

Extracurriculars

Club, Activity, or Sport: _____

Start Date: _____ End Date: _____

Role: _____

Club, Activity, or Sport: _____

Start Date: _____ End Date: _____

Role: _____

Club, Activity, or Sport: _____

Start Date: _____ End Date: _____

Role: _____



Leadership Positions, Honors, Special Recognitions

Club, Activity, or Sport: _____

Start Date: _____ End Date: _____

Role: _____

Club, Activity, or Sport: _____

Start Date: _____ End Date: _____

Role: _____

Club, Activity, or Sport: _____

Start Date: _____ End Date: _____

Role: _____

Volunteer Activities

Organization: _____

Start Date: _____ End Date: _____

Role: _____

Organization: _____

Start Date: _____ End Date: _____

Role: _____

Organization: _____

Start Date: _____ End Date: _____

Role: _____

Organization: _____

Start Date: _____ End Date: _____

Role: _____



Work Experience

Employer: _____

Start Date: _____ End Date: _____

Job description: _____

Work Experience

Employer: _____

Start Date: _____ End Date: _____

Job description: _____

Work Experience

Employer: _____

Start Date: _____ End Date: _____

Job description: _____

5. RECOMMENDATION REQUEST (NOT REQUIRED, NO MORE THAN TWO LETTERS ACCEPTED)

Recommendation I

Fill in the contact information below for the person (teacher, coach, counselor, employer, etc.) who has submitted a letter of recommendation on your behalf. May use college letters of recommendation.

*Contact's First Name: _____ *Contact's Last Name: _____

*Contact's Email Address: _____ *Contact's Phone Number: _____

*Contact's Title: _____ *Contact's Organization: _____

Recommendation II

Fill in the contact information below for the person (teacher, coach, counselor, employer, etc.) who has submitted a letter of recommendation on your behalf. May use college letters of recommendation.

*Contact's First Name: _____ *Contact's Last Name: _____

*Contact's Email Address: _____ *Contact's Phone Number: _____

*Contact's Title: _____ *Contact's Organization: _____



6. ESSAY

Essay

*Write an essay addressing these following topics in a clear and concise manner.

- Describe your education and career goals.
- Describe your financial status for attending college and how a scholarship will provide benefit.
- Describe how you feel this scholarship will help you contribute to the community in the future.
- Explain why you feel you should receive this scholarship.

Max Number of Words: 1000

Please attached the finished essay along with this application.

7. APPLICATION SUBMISSION AND CERTIFICATION

Application Submission and Certification

By submitting this application, the undersigned hereby acknowledges the information provided on this application, including attachments, is true and correct to the best of his/her knowledge, and the information may be provided and disclosed to the Scholarship Review Committee and to any other person(s) authorized by the Community Development Corporation to review the information. Verification of what is presented in this application may be obtained from any source. Applicants agree they will meet the IRS conditions for this to be a tax-free scholarship. Signature below hereby releases from liability any person(s) submitting information to the Community Development Corporation for use in the selection of scholarship recipients.

Applicant name in the section below will serve as an electronic signature and indicate applicant agrees with the above statement. Please type your name below.

Full Legal Name: _____ Date: _____

2023 UC HEALTH WEST CHESTER HOSPITAL SCHOLARSHIP FUND

WHAT IS THE UC HEALTH WEST CHESTER HOSPITAL SCHOLARSHIP FUND?

A \$2,000 scholarship granted to two high school students from the Butler/Warren/Hamilton County region designed to support the next generation of healthcare workers who are looking to pursue a degree in any healthcare related field (3.5 GPA or higher).

The funds for these scholarships are raised at the annual UC Health West Chester Hospital Fall Classic Golf Outing. The golf outing consists of a partnership with the Mason Deerfield (MADE) Chamber and the MADECDC to host the Taste of MADE, a main attraction for golfers who enjoy the experience of MADE region restaurants while supporting the next generation of healthcare workers. Students would be expected to also complete an essay on how this scholarship will help them contribute to their community in the future.



2022 Scholarship Recipients

DO I QUALIFY FOR THE SCHOLARSHIP?

You must answer yes to all four questions in order to qualify for the scholarship:

- Do you attend high school in Butler, Warren, or Hamilton County?
- Are you pursuing a degree in healthcare?
- Do you have a 3.5 GPA or higher?
- Did you job shadow (virtual or in-person) and/or volunteer at UC Health West Chester Hospital your Junior or Senior Year?

HOW DO I APPLY FOR THE SCHOLARSHIP?

Completed applications, transcripts, resumes, recommendation letters and essays can be submitted to:
Sherry Taylor at Mason Deerfield Chamber Community Development Corporation:
staylor@madechamber.org; C/O Sherry Taylor, Mason Deerfield Community Development Corporation,
316 W. Main Street, Mason, OH 45040.

