

# John Family Health Careers Scholarship

## AT WELLSPAN EVANGELICAL COMMUNITY HOSPITAL

### Candidates must meet the following requirements:

- Current high school senior or recent graduate from an accredited high school in Union, Snyder, or Northumberland County, Pa., or a renewal applicant who received the John Family Scholarship in the prior academic year. Preference will be given to candidates of military families.
- Enrolled in or accepted into an eligible post-secondary educational program leading to a career in: Cardiovascular Technology, Cytology, Echo Technology, Medical Imaging, Medical Laboratory Science, Nuclear Medicine Technology, Occupational Therapy, Physical Therapy or Respiratory Therapy.
- Demonstrate financial need for uncovered education costs, 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. Most recent academic year transcripts are mandatory.
- Provide a copy of a letter of acceptance (for new applicants) to an accredited post-secondary school in an eligible program.
- Complete a scholarship application submitted to WellSpan Evangelical Community Hospital by April 1 deadline.
- Submit two letters of recommendation from the following: teachers/professors, coaches, employers or clergy, or other professional references. Renewal applicants should provide updated reference letters.
- 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).

### Approximately 5- 10 awards 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.
- Awards are typically distributed for the fall semester.

### Conditions:

- Recipients of the John Family Health Careers Scholarship will be encouraged to participate in career development activities at WellSpan Evangelical Community Hospital.



# John Family Health Careers Scholarship

## 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:

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