

**UPMC Horizon Greenville Auxiliary**  
P.O. Box 606, Greenville, PA 16125  
Educational Assistance Award Program Overview

2018 Eligibility Requirements

Applicants must meet the following requirements to be considered for an educational assistance award from the UPMC Horizon Greenville Auxiliary:

- High school graduate or equivalent, with at least a 2.5 GPA.
- Live within the service area of UPMC Horizon Hospital, Greenville Campus.
- Acceptance to a two or four year college or university majoring in an allied health program, including but not limited to nursing, physician assistant, x-ray technician, physical therapist, pharmacist, occupational therapist, etc.

Application Procedure

- Completed application form (typed or printed).
- Application can be found by visiting [www.upmc.com](http://www.upmc.com)  
Click on the menu - For Patients/Families/Visitors>Locations>Hospitals>UPMC Horizon>About Us>Giving>Hospital Auxiliaries
- High school academic transcript with GPA, class rank and SAT/ACT scores.
- One short essay that answers the application question. Essays are to be typed and approximately 300-400 words long. One letter of recommendation.
- All parts of the application must be mailed in one packet to the following address and postmarked no later than March 1, 2018. Award winners will be notified no later than April 15, 2018.

Mailing address for completed application:  
UPMC Horizon Greenville Auxiliary  
P.O. Box 606  
Greenville, PA 16125

Suggestions for Applicants

- Because the Auxiliary is a volunteer organization, the selection committee is very interested in the applicant's volunteer experience. Therefore, one section of the application asks for a description of any volunteer projects (community, school, church, family, etc). Please think about your most significant volunteer experiences when you answer this section.
- The selection committee focuses on the following factors: the applicant's scholastic ability and potential for success in their profession, volunteer spirit, character and initiative.
- An interview with the UPMC Horizon Auxiliary's Scholarship Committee may be requested.

Other Information

- Awards are \$250 - \$1,000
- Awards will be paid directly to the education institution prior to the fall semester and may be used only for tuition expenses.
- Award winners will be notified by mail or phone no later than April 15, 2018. Winners will be asked to meet for an award photograph in April or May of 2018.

Please type answers to the following sections:

### **A. VOLUNTEER EXPERIENCE**

List your two most important volunteer activities. Please give: name of organization, name of supervisor, dates of activity, hours spent (per week, per month or total hours), brief description of your personal role in the activity, statement of why this experience was significant to you.

### **B. OTHER ACTIVITIES, ORGANIZATIONS, EMPLOYMENT**

List any activities, organizations or employments that demonstrate your leadership or initiative. Please give: name of organization, name of supervisor, dates of activity, hours spent and a brief description of the activity.

### **C. ESSAY**

Please type your essay. The essay should be approximately 300-400 words long. Please answer these questions:

*It is assumed that caring and a desire to help others are motivational factors for choosing a career in the medical field. What other factors helped you decide on this career? What strengths will you contribute to this profession?*

### **D. ACADEMIC RECORDS**

Please include a copy of your high school academic transcript. The transcript should include the first semester of your senior year, GPA, class rank and SAT/ACT scores.

### **E. Letter of Recommendation**

Please include one letter of recommendation from a person you encountered through school, volunteerism, organizations, employments or other activities.

Thank you very much. We look forward to hearing from you.

**UPMC Horizon Greenville Auxiliary**  
P.O. Box 606, Greenville, PA 16125  
Educational Assistance Award Application

(Please type or print, information to be provided by applicant, complete all sections).

**A. PERSONAL INFORMATION**

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

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

City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

**B. EDUCATIONAL INFORMATION**

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Where have you applied for your education?

School/College/University: \_\_\_\_\_

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

Have you been accepted? \_\_\_\_\_

Major? \_\_\_\_\_