

UPMC LOCK HAVEN HOSPITAL AUXILIARY

Lock Haven, PA 17745

HEALTH CARE CAREER AWARD APPLICATION 2022

It is important that all of the paper work for the Health Care Career Award is fully completed and returned by the deadline. Failure to do so may negatively affect the selection process.

Acceptable health career goals include: Nursing, Paramedic or EMT, Occupational Therapy, Recreation Therapy, Radiation Therapy, Lab Technician, Sports Medicine, Physician Assistant, Physical Therapy, Pharmacy or Pre Med. We do not accept applicants pursuing a career in Biology or Psychology.

To: Health Care Career Award Committee

From: _____
Name of Applicant Telephone Number

Mailing Address

High School

1. I have been accepted as a student at _____ in the
_____ program, beginning _____.

2. If I receive an award from the UPMC Lock Haven Hospital Auxiliary, I understand that the money will be used for tuition, fees, books or uniforms required during my education in a health career program. If I decide not to continue in this field of education, I will notify the Committee of my decision.

3. The length of time to complete this program is _____.

4. Following is the most accurate estimate of my education expenses for the completion of the program. (You may use the other side of this page or attach a separate sheet with information. Also indicate the source of the information.)

Tuition, fees and books	\$ _____
Food	\$ _____
Housing	\$ _____
Transportation, if commuting	\$ _____

5. These people have agreed to send you a written reference about me as a person, including the degree of my motivation and my potential for success. I have asked them to send this reference directly to you.

My High School Math or Science Teacher _____

My HighTeacher (other than Math or Science) _____

An individual outside of my school or immediate family, who knows me _____

6. I am enclosing a personal letter stating:

- a. What I have done to learn about my proposed career.
- b. Experience I have had in a hospital, clinic, school or at home in a health-related field.
- c. Why I have selected a health career.

7. Submit your high school transcript from your guidance counselor Please attach it to your application.

8. I understand that I am eligible to receive the award only one year. A minimum of \$1200 will be awarded for the 2022-2023 school year.

9. I understand that the award will be paid in two equal installments. Checks will be sent directly to the institution at the beginning of each semester.

10. Are you applying for any other scholarships or loans? If so, please list them.

11. I am willing to appear for an interview at a mutually agreed upon time and place. Circle one: Yes No

12. A. Name of father or guardian _____
Place of employment and a brief but specific job description.

(If unemployed, please indicate how long since full time work has been available.)

B. Name of mother or guardian _____
Place of employment and a brief but specific job description.

(If unemployed, please indicate how long since full time work was available.)

C. Brother(s) and sister(s)...Names and Ages

I understand all of the above and have answered to the best of my ability.

Signature_____

Printed Name_____

This application must be postmarked no later than Friday, April 8, 2022

It should be returned to: Health Care Career Award Committee
ATTN: Mrs. Joanne Marcinkevage
431 S. Jones Street
Lock Haven, PA 17745

THIS PROCESS TAKES SOME TIME TO COMPLETE, PLEASE DO NOT WAIT UNTIL THE LAST MINUTE TO REQUEST REFERENCES AND A TRANSCRIPT.

DOUBLE CHECK WITH YOUR TEACHERS AND ADULT TO BE SURE THEY HAVE SENT YOUR REFERENCES.

BE SURE TO ATTACH YOUR TRANSCRIPT FROM THE GUIDANCE COUNSELOR TO YOUR APPLICATION.

PLEASE CHECK YOUR APPLICATION TO BE SURE THAT IT IS COMPLETE.
INCOMPLETE APPLICATIONS MAY REMOVE YOU FROM CONSIDERATION.

**UPMC LOCK HAVEN HOSPITAL AUXILIARY
HEALTH CARE CAREER AWARD**

(To be completed by a High School Math or Science Teacher)

Student's name: _____
 Last First Middle Initial

Name of High School: _____

Please write a statement about the applicant as a person. Include your opinion with respect to the applicant's degree of motivation, work habits, ability and determination to set and achieve goals. Include supporting evidence whenever possible.

Date: _____ Signature: _____

This is to be completed and postmarked no later than Friday, April 8, 2022

**Please mail to: Auxiliary Health Care Career Award Committee
ATTN: Mrs. Joanne Marcinkevage
431 S. Jones Street
Lock Haven, PA 17745**

Or email to: rmarcink@kcnet.org

**UPMC LOCK HAVEN HOSPITAL AUXILIARY
HEALTH CARE CAREER AWARD**

To be completed by a High School Teacher (Other than Math or Science)

Student's Name: _____
 Last **First** **Middle Initial**

Name of High School: _____

Please write a statement about the applicant including personality, attitude, degree of motivation, ability and determination to set and achieve goals. Include supporting evidence whenever possible. To your knowledge, what effort has the applicant made to learn about their proposed career?

Date: _____ **Signature:** _____
This is to be completed and postmarked no later than Friday, April 8, 2022.

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ATTN: Mrs. Joanne Marcinkevage
431 S. Jones Street
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**UPMC LOCK HAVEN HOSPITAL AUXILIARY
HEALTH CARE CAREER AWARD**

(To be completed by an adult outside of school or the immediate family.)

Student's Name: _____
 Last First Middle Initial

Name of High School: _____

Please write a statement about the applicant with respect to the applicant's attitude, personality, work habit, ability and determination to set and achieve goals. Include how you have come to know the applicant.

Date: _____ Signature: _____

This is to be completed and postmarked no later than Friday, April 8, 2022.

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 431 S. Jones Street
 Lock Haven, PA 17745

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