

**Indiana County Health Care Careers Consortium
Scholarship Award
Application Information**

Requirements

1. The Indiana County Health Care Careers Consortium will be giving three \$500 awards to graduating high school seniors who has been accepted in a health care education program.
2. Applicants must work or live in Indiana County. Place of employment will be considered first and residence second.
3. Applicants must be accepted in the health-related classes of their major course of study before the due date of the application. They must be pursuing a degree, diploma, or certificate in a post-secondary health care education program. Evidence will be documented by an acceptance letter from the school.
4. Applicants must submit an essay describing his/her motivation to obtain a degree, diploma, or certificate. Applicants should describe their plans after graduation, career goals and how their post-secondary education will benefit themselves, employers, patients, or community. Other topics that may be addressed are leadership accomplishments, obstacles the applicant has overcome, and special talents. Specifications for the essay are below. Failure to meet these specifications may be cause for disqualification at the discretion of the Selection Committee.
 - a. Typed, no longer than one page, single spaced, in a 10 or 12 point font
 - b. The applicant's name must be typed at the top of the page.
 - c. The essay should use proper grammar and correct spelling.

Selection

1. Members of the Indiana County Health Care Careers Consortium will serve on the Selection Committee. They will review all complete applications from qualified individuals.
2. Incomplete applications will not be considered. To be complete, the application must include
 - a. Completed application
 - b. The applicant's portion signed by the applicant
 - c. The one-page essay
 - d. Acceptance letter
 - e. Signed letter of reference if you are a high school senior
 - f. Signed G.P.A. from High School
 - g. The signed statement from the College Office of Financial Aid **or** estimated costs of program.
3. The Selection Committee will evaluate each application based on the quality of the essay including career goals, achievement in school including grade point average, the recommendation of the employer, and financial need.
4. Only those selected to receive awards will be notified. Notification will be done by email.
5. The decisions of the Indiana County Health Care Consortium are final.
6. The responsibility for the taxability of the award remains with the recipient.

Submission

1. The complete application must be received by 4:00 p.m. on the due date. It can be emailed, mailed or delivered by hand. Place the application in a 9" X 12" or larger envelope and do not fold any pages.
2. Late applications will not be considered.
3. The applicant is solely responsible for making certain that all required parts and forms have been submitted. The Selection Committee will not notify applicants of missing documents.
4. Inquiries may be addressed to the Mary Salony, TCWIB Assistant Director at msalony@tricountywib.org.
5. Submit the application to
Mary Salony
Tri-County Workforce Investment Board, Inc.
112 Hollywood Drive, Suite 201
Butler, PA 16001
msalony@tricountywib.org

Due date: April 30, 2021 by 4:00 p.m.



**Indiana County Health Care Careers Consortium
Scholarship Award Application**

To be completed by the applicant:

PART I (To be filled out by all applicants)

Name _____

Address _____

County _____

Daytime Phone _____ Email _____

Name of School for Health Profession _____

Major Course of Study _____

Degree, credential, or certificate on graduation _____

Total Cost of Program _____

Are you currently receiving monies for education and/or related expenses as a result of other scholarship programs or grants? Please specify sources.

When your course of study is completed, what are your career plans and goals?

Do you have any outside interests, volunteer work, club memberships or hobbies? If so, please explain: _____

Please include an essay as described in the application information.

Indiana County Health Care Careers Consortium Application

PART II

Name of High School _____

Current G.P.A. _____

School Official Signature _____ Date _____

Please include a letter of reference from a teacher or employer.

Part III (To be filled out by all applicants)

I certify that the information contained herein is true and correct to the best of my knowledge.

Applicant's Signature _____

Date _____

Indiana County Health Care Careers Consortium Application

**PART IV-To be completed by Post-Secondary School/College Official/Office of Financial Aid if
at all possible**

Applicant's Name _____

School/College _____

Degree, diploma, or certificate earned upon graduation _____

Expected graduation date _____

Total Tuition /Fees costs for the Current Year..... \$ _____

Financial Aid (include all sources)..... _____

Unmet Costs/Student Contribution..... _____

Name of person completing this form _____

Title _____

Email _____ Phone _____

Date _____

Signature

Due date: April 30, 2021 by 4:00 p.m.