



**Primary Health Network
Charitable Foundation
*Scholarship Application***



DEADLINE is March 31, 2016
Late applications will not be accepted

The mission of the **Primary Health Network** is to provide quality primary care services and access to specialty care commensurate with the needs of the people in the communities we serve. Services are offered regardless of age, race, creed, sex, national origin or ability to pay.

The mission of the **PHN Charitable Foundation** is to build and support programs in the PHN service area that increase access to healthcare services and assist, through scholarships, the pursuit of medical and allied health careers.

Applicants are only permitted to apply for ONE of the following scholarships.

Please select which scholarship you are applying for:

- PHN Health Professionals Scholarship (2 Scholarships at \$5,000 each)**
 - See page 2 for requirements

- PHN/PHNCF Employee Family Scholarship (6 Scholarships at \$2,000 each):**
 - See page 3 for requirements

- PHN Charitable Foundation Scholarship (3 Scholarships at \$2,000 each):**
 - See page 4 for requirements

- American Dream Scholarship (1 Scholarship at \$1,500):**
 - See page 5 for requirements

Return completed application via mail, postmarked on or before March 31, 2016, to:

**The Primary Health Network Charitable Foundation
Attn: Mary Booth
P.O. Box 716
Sharon, PA 16146**

Recipients of a scholarship will be chosen by the Primary Health Network Charitable Foundation Scholarship Committee. Recipients will be notified no later than **May 2016**. A check, made payable to the student and Educational Institution, will be mailed to the Educational Institution. For any questions you may have regarding this application, please contact PHNCF at 724-981-2875 ext. 405.

- ❖ *Please note that we do not accept Veterinary Care Programs.*
- ❖ *All scholarship recipients are required to attend the Scholarship ceremony/brunch on June 4th.*
- ❖ *All scholarship recipients are encouraged to join PHN for a shadowing or internship opportunity. Please contact Tina Adamson, Executive Director of Human Resources, at 724-456-9762.*

Primary Health Network

Health Professionals Scholarship

If you have chosen to apply for the **Primary Health Network Health Professionals Scholarship**, students must first meet the following required criteria to be considered to apply:

1. Submit pages 1, 2, 6-9 of this application.
2. Submit an essay, a minimum of 600 words, describing how the applicant's future goals align with the mission of the Primary Health Network.
3. Secure one letter of reference from faculty, employer, clergy, or community leader regarding academic performance and contributions to the school and/or community (Letter must be secured by the student and attached to the application).
4. G.P.A. of 3.0 or Higher (must provide transcripts)
5. Must be pursuing a degree/certificate in an Administrative/Clinical Healthcare field.
6. Must reside in one of the counties which are served by one of the Primary Health Network facilities (**Ashtabula, Crawford, Mercer, Lawrence, Beaver, Butler, Clarion, Jefferson, Indiana, Cambria, Erie, Warren, Mifflin, Northumberland, Schuylkill, and Blair**).
7. All finalists must be able to sit for an interview in front of our Scholarship Committee at the PHNCF Board Room in Sharon, PA.

Please circle the option that applies:

- Have you received a PHN Charitable Foundation Scholarship in previous years?
(This will not prevent you from receiving another scholarship)

Yes or No

- Do you use PHN services?

Yes or No

- Are you a dependent of a PHN/PHNCF employee?

Yes or No

Primary Health Network/PHNCF

Employee Family Scholarship

If you have chosen to apply for the **Primary Health Network / Primary Health Network Charitable Foundation Employee Family Scholarship**, students must first meet the following required criteria to be considered to apply:

1. Submit pages 1, 3, 6-9 of this application.
2. Submit an essay, a minimum of 600 words, describing how the applicant's future goals align with the mission of the Primary Health Network.
3. G.P.A. of 3.0 or Higher (must provide transcripts)
4. Must be pursuing a degree/certificate in an Administrative/Clinical Healthcare field.
5. Applicant must be a child, step-child, or spouse of a current PHN/PHNCF employee or board member in good standing in order to be eligible for this scholarship.

Please circle the option that applies:

- Have you received a PHN Charitable Foundation Scholarship in previous years?
(This will not prevent you from receiving another scholarship)

Yes or No

- Do you use PHN services?

Yes or No

The following information is a required field to be considered eligible for the PHN/PHNCF Employee Family Scholarship:

Employed PHN/PHNCF Parent/Spouse (full name): _____

PHN/PHNCF Office Location: _____

PHN Charitable Foundation Scholarship

If you have chosen to apply for the **Primary Health Network Charitable Foundation Scholarship**, students must first meet the following required criteria to be considered to apply:

1. Submit pages 1, 4, 6-9 of this application.
2. Submit an essay, a minimum of 600 words, describing how the applicant's future goals align with the vision of the PHN Charitable Foundation.
3. G.P.A. of 3.0 or Higher (must provide transcripts)
4. To be eligible for this award, a student must be pursuing a degree/certificate in an Administrative/Clinical Healthcare field.
5. Must reside in one of the counties which are served by one of the Primary Health Network facilities (**Ashtabula, Crawford, Mercer, Lawrence, Beaver, Butler, Clarion, Jefferson, Indiana, Cambria, Erie, Warren, Mifflin, Northumberland, Schuylkill, and Blair**).

Please circle the option that applies:

- Have you received a PHN Charitable Foundation Scholarship in previous years?
(This will not prevent you from receiving another scholarship)
Yes or No
- Do you use PHN services?
Yes or No
- Are you a dependent of a PHN/PHNCF employee?
Yes or No

American Dream Scholarship

If you have chosen to apply for the **American Dream Scholarship**, students must first meet the following required criteria to be considered to apply:

1. Submit pages 1, 5, 6-9 of this application.
2. Submit an essay, a minimum of 600 words, describing an extreme obstacle you have faced, how you have overcome it, and how this obstacle has pushed you to pursue your education.
3. G.P.A. of 3.0 or Higher (must provide transcripts)
4. Must be pursuing a degree/certificate in an Administrative/Clinical Healthcare field.
5. Must reside in one of the counties which are served by one of the Primary Health Network facilities (**Ashtabula, Crawford, Mercer, Lawrence, Beaver, Butler, Clarion, Jefferson, Indiana, Cambria, Erie, Warren, Mifflin, Northumberland, Schuylkill, and Blair**).

Please circle the option that applies:

- Have you received a PHN Charitable Foundation Scholarship in previous years?
(This will not prevent you from receiving another scholarship)

Yes or No

- Do you use PHN services?

Yes or No

- Are you a dependent of a PHN/PHNCF employee?

Yes or No

To be completed by PHNCF: Application NO. _____ DATE REC'D. _____

***← Refers to all information that is required to be filled out in order to be considered to receive a scholarship. If the selected required information is not filled out in full, scholarship candidate will be disqualified.**

Please print:

***Gender:** _____ ***Marital Status:** _____ ***Number of Children** _____

Please circle one:

***Veteran:** Yes or No

If you stated Yes to the above question, please fill out the following information:

Branch of Service _____ **Date of Discharge** _____

Education:

***Please circle which Primary/Secondary Educational Institutions you are currently in:**
(Must presently be in one of the below educational years to be considered for PHNCF Scholarships)

- High School Senior
- Technical /Vocational Trade School
- College/University “post-secondary undergraduate”
- College/University “post-secondary graduate”

If you are a High School Senior, please list the following information:

***High School you are currently attending:** _____

***College you will be attending:** _____

(Must be accepted into a post-secondary Educational Institution to apply for PHNCF Scholarships)

***Administrative/Clinical Healthcare Degree/Certificate Working Toward:**

***Current GPA:** _____

If you are currently in a post-secondary educational institution, please list the following information:

*Please circle one of the following Educational years you are currently in. If you are attending a technical school, please select which semester you are currently in. (If you are currently in High School, please do not circle any of the following):

Sophomore Junior Senior
3rd semester 4th Semester 5th Semester Other: _____

***Educational Institution Attending:** _____

***Administrative/Clinical Healthcare Degree/Certificate Working Toward:**

***Current GPA:** _____

Employment:

Current Employment: _____Part-time _____Full-time _____Not Employed

Employer: _____

Position: _____ Dates: _____

Past Employment: Please list your most recent places of employment (if applicable).

Employer: _____

Position: _____ Dates: _____

Employer: _____

Position: _____ Dates: _____

***Community:** Please list any volunteer activities that you are or have been involved with in the past 3 years.

AWARDS and HONORS: Please list any awards you have received, or honors you have been recognized for, in the past 3 years.

***Essay:**

Primary Health Network Health Professionals Scholarship:

- Submit an essay, a minimum of 600 words, describing how the applicant's future goals align with the mission of the Primary Health Network.

Primary Health Network/PHNCF Employee Family Scholarship:

- Submit an essay, a minimum of 600 words, describing how the applicant's future goals align with the mission of the Primary Health Network.

PHN Charitable Foundation Scholarship:

- Submit an essay, a minimum of 600 words, describing how the applicant's future goals align with the vision of the PHN Charitable Foundation.

American Dream Scholarship:

- Submit an essay, a minimum of 600 words, describing an extreme obstacle you have faced, how you have overcome it, and how this obstacle has pushed you to pursue your education.

Applicant Information:

Last Name: _____ First Name: _____

Middle Initial: _____

Street Address:

City: _____ State: _____

Zip Code: _____

County: _____

Phone Number: _____

Email Address: _____

I hereby acknowledge that the information provided is accurate to the best of my knowledge. I accept responsibility for complying with Academic Awards guidelines. In addition, I give my permission for the information to be shared with donors, to be released to newspapers, and used in school promotions.

Student's Signature: _____ Date: _____

If student is under 18:

Parent /Legal Guardian Signature: _____ Date: _____