



UNIVERSITY HEALTHCARE FOUNDATION

Judge Gray Silver, Jr.
WVU Medicine University Healthcare Foundation
Health Professions Scholarship Program

PURPOSE

The WVU Medicine University Healthcare Foundation has established a health career scholarship program in order to interest area students (graduating seniors from high schools in Berkeley, Jefferson and Morgan Counties, and other area private schools) in pursuing preparation and advancement into the health professions. It is hoped, additionally, that scholarship recipients will consider initiating their health careers with one of the WVU Medicine University Healthcare affiliate organizations.

The scholarship guideline is as follows:

1. The \$500.00 per year will be given to assist qualified and selected high school seniors attending college in a health related curriculum (curriculum priorities for 2017 include Physician, Registered Nurse, Radiologic Technologist, Physical Therapist, Pharmacist, Respiratory Therapist, and Medical Technologist)
2. Priority for scholarship aid will be given to the family members of WVU Medicine University Healthcare affiliate employees. Area students not associated with WVU Medicine University Healthcare may also apply.
3. A selection committee will establish the process for the annual solicitation of candidates, who will be selected based on field of study, academic achievements, extracurricular activities, references and financial need.

The committee will be made up of representatives of the WVU Medicine University Healthcare and the WVU Medicine University Healthcare Foundation Board of Directors.

4. Scholarship funds will be raised through special projects of the WVU Medicine University Healthcare Foundation, Inc.
5. Scholarship recipients are eligible for a maximum of four years of assistance, but must re-apply each year. Applicants re-applying must complete the application form, submit a copy of current transcript, and one current year academic reference.

Judge Gray Silver, Jr. Health Professions Scholarship Program
WVU Medicine University Healthcare Foundation
Initial Application
2017

Please complete all items below. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The applicant assumes responsibility for ensuring that all of the requested information is received by the Health Professions Scholarship Committee no later than March 31, 2017. The completed application should be mailed to Scholarship Coordinator, WVU Medicine University Healthcare Foundation, 2000 Foundation Way, Suite 2310, Martinsburg, WV 25401.

Name	Last	First	Middle
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Address	Street	City/State	Zip Code
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Telephone	Sex	Birth
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Father's Name	Mother's Name
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List any immediate family members (parents, siblings, grandparents) employed by WVU Medicine University Healthcare (Berkeley Medical Center and Jefferson Medical Center) and affiliated subsidiaries (if applicable)

Name and Address of College/Technical School Planning To Attend/Currently Attending

Class entering next semester (check one)

Freshman Sophomore Junior Senior

Field of Study

American College Test (ACT) Scholastic Aptitude Test (SAT)

Test taken (if testing has not been taken, please furnish dates you plan to take):

ACT: _____ SAT: _____

Transcripts forwarded to Scholarship Committee

Yes Date: _____ No Date Planned: _____

High School Attended	Dates	G.P.A.	Guidance Counselor
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School Address	Telephone Number
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Colleges Attended (if applicable)	Dates	G.P.A.
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Please list school, church and community activities in which you participate. Also, list any projects, recognition received or academic and extra-curricular activities:

Personal and Professional Recommendations (list three):

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please describe the impact this scholarship will have on you and your family financially as you pursue a health career: _____

I hereby certify that the information set forth in this application is true to the best of my knowledge. Furthermore, I hereby give my permission for the Judge Gray Silver, Jr. Health Professions Scholarship Committee to contact any Financial Aid Officer/Guidance Counselor or other advisor at any school in which I am enrolled, have been previously enrolled or to which I have made application, for the purpose of soliciting and obtaining information which may be necessary or helpful to the Committee in understanding my academic career and financial needs in connection with the processing of this application or for purpose of auditing the use of scholarship funds received as a result of application made to the Scholarship Committee.

Signature

Date

Citizenship Status
U.S. () Other ()

Social Security Number

Judge Gray Silver, Jr. Health Professions Scholarship Program
WVU Medicine University Healthcare Foundation
Grade Report Form

All students seeking assistance through the Health Professions Scholarship Committee are responsible for having the Grade Report Form completed by the appropriate educational institution. Please complete the following information:

Applicant:

Name	Last	First	Middle
Address	Street	City/State	Zip Code
Telephone	Social Security Number		

Student Status:
 High School Senior

Some College Credits Taken:
 High School Graduate

If the applicant is a high school senior or a high school graduate who has attempted less than 12 semester hours of college courses, please have the following information completed by a high school principal or guidance counselor, or:

Institution:

Graduate date (month/year)

G.P.A./List Semester

ACT Scores:

SAT Scores:

English _____
Math _____
Social Sciences _____
Natural Sciences _____
Composite _____

Verbal _____
Math _____
Combined _____

College Hours Attempted

Cumulative College G.P.A.

Is applicant making normal academic progress toward completion of his/her course of study according to established institution standards? () Yes () No If no, explain:

Name of institution (High School, College, University)

Address

Official's Signature

Date

Title

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Recommendation Form

The Scholarship Committee requires three (3) recommendations from individuals who may provide pertinent information regarding your candidacy as a recipient of a scholarship. Please deliver forms to those persons who know you well enough to provide the information requested. Include your signature on the line below if you wish to waive your rights under the Family Education Rights and Privacy Act of 1974.

Waiver

I have asked my personal/professional affiliate to complete the following questionnaire. I understand my rights under the Family Education Rights and Privacy Act of 1974, to examine letters received by you on my behalf. In order to encourage the author to write with candor, I waive the right of access under the aforesaid statute to any confidential statement the writer may submit. I understand the execution of the waiver is not a condition for the consideration of my application.

Applicant's Signature

Date

Instructions

The above named person is making application for a scholarship through the Judge Gray Silver, Jr. Health Professions Scholarship Program. As part of that procedure, the applicant is required to have the following questions completed by you. Please return the attached form to the applicant as soon as possible. Your information will assist the Scholarship Committee in making important decisions by giving us the benefit of your observations of the applicant based on personal knowledge. Unless the rights afforded by the Family Education Rights and Privacy Act of 1974 are waived by the applicant by the execution of the waiver above, the Scholarship Committee cannot assure the confidentiality of your comments.

Applicant's Name

Date

1. How long have you known the applicant and in what capacity?

2. Do you think the applicant has the potential to become a healthcare professional and a capacity for contribution to his/her community or school? Please explain:

3. Please give your candid evaluation of this applicant, including observations bearing upon the applicant's character and quality of his/her work habits.

4. Provide any additional information you think would be helpful in our evaluation of this applicant.

Additional data may be furnished by separate letter if desired.

Unless the waiver of their "Right of Access" has been executed, the Scholarship Committee cannot assure the confidentiality of your comments.

Signature

Date

Address

Title/Position

Telephone