



## **HEALTH CAREERS SCHOLARSHIP PROGRAM**

- PURPOSE:** To promote careers in health care in Fulton County, Pennsylvania.
- The Fulton County Medical Center Health Careers Scholarship Program is offering scholarships to students enrolled in a Fulton County School. Eligible applicants must be seeking a career in a health care field.
- ELIGIBILITY:** Any Fulton County graduating senior or currently enrolled student pursuing a degree in a health care field.
- NUMBER OF SCHOLARSHIPS:** One per school.
- FINANCIAL AMOUNT:** \$1,000
- SCHOLARSHIP QUALIFICATIONS:** Must be a graduating senior from a Fulton County School and have received written acknowledgment of acceptance into a program that pertains to a health care field.
- APPLICATION MATERIALS AND SELECTION WEIGHTING:**
- Academic performance (TRANSCRIPT)/20 points
  - Resume/10 points
  - Essay/ 30 points
  - Reference letters/10 points
- SELECTION PROCESS:** Application review and selection of recipients will be completed by the Community Relations/Development Committee.
- TIME FRAME:** Applications must be completed **in full** and submitted to The Fulton County Medical Center, c/o Misty Hershey and must be postmarked by April 2, 2008. The interview and selection process will be conducted in April.
- NOTIFICATION:** All applicants will receive notification by mail no later than May 15<sup>th</sup>.
- AVAILABILITY:** Applications are available by contacting the offices listed below or may be downloaded off of our website at [www.fcmcpa.org](http://www.fcmcpa.org)

Interested participants should contact:  
Misty Hershey, Director of Marketing & Business Development  
Fulton County Medical Center  
214 Peach Orchard Road  
McConnellsburg, PA 17233  
717-485-6115

**HEALTH CAREERS SCHOLARSHIP PROGRAM**

**APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

DATE OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

HEALTH CAREER SELECTED: \_\_\_\_\_

NAME OF SCHOOL TO BE ATTENDING: \_\_\_\_\_  
(Please note if already enrolled)

BEGINNING DATE OF PROGRAM: \_\_\_\_\_

ANTICIPATED DATE OF SECONDARY SCHOOL  
GRADUATION: \_\_\_\_\_

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Please attach the following to your application and submit to:

Misty Hershey, Director of Marketing & Business Development  
Fulton County Medical Center  
214 Peach Orchard Road  
McConnellsburg, PA 17233  
717-485-6115

1. Completed Academic Credentials Form, signed by high school guidance counselor and a copy of high school transcript with most current marking period grades. (Note: If already enrolled in college program – Academic credentials form does not require guidance counselor signature, but the most recent semester grades and a listing of current courses are required.)
2. A 250 - 500 word typed essay by applicant explaining background, career goals and reason for career selection.
3. Three letters of reference
4. Acceptance letter into a program that pertains to a health care field. (Not necessary if a semester or more of a program has already been completed.)

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**ACADEMIC CREDENTIALS FORM**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GROUP MEMBERSHIPS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COMMUNITY SERVICE ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Guidance Counselor

\_\_\_\_\_  
Date

(Use reverse side if necessary)

**HEALTH CAREERS SCHOLARSHIP PROGRAM**

**250 - 500 WORD TYPED ESSAY**

**Please explain your background, career goals and reason for selecting this particular health career.**