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4300 Londonderry Rd., Harrisburg PA 17109

717-657-7124  
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**PINNACLEHEALTH AUXILIARY  
ERNEST R. MCDOWELL  
HEALTH CAREER SCHOLARSHIPS**

Permanent residents of the Greater Harrisburg Area are invited to apply for scholarship award consideration in their pursuit of higher education at an accredited institution offering a course of education in a health career field. Any student attending, having received acceptance, or pending acceptance at any accredited institution is invited to apply. (Acceptance must be verified before scholarships are awarded.)

Each application will be reviewed by the PinnacleHealth Auxiliary Health Career Scholarship Committee consisting of five persons. Scholarships from \$500 to \$1500 will be awarded annually. Money may be used only for education expenses.

All questions on the application form must be completed. Any additional statements an applicant may deem important to the Scholarship Committee may be attached. All information included in the application shall remain confidential with the Scholarship Committee.

**This application must be received OR postmarked by April 4, 2012 for consideration by the Committee.**

Recipients will be notified before June 15. If you are not notified by June 15, you were not chosen to receive a scholarship. All applicants are invited to reapply yearly.

A handwritten signature in black ink that reads "Linda Shannon".

Linda Shannon  
Co-Chair  
PinnacleHealth Auxiliary  
545-5856

A handwritten signature in black ink that reads "Ann Froehlich".

Ann Froehlich  
Co-Chair  
PinnacleHealth Auxiliary  
761-5116



**PinnacleHealth Auxiliary  
The Ernest R. McDowell  
Health Career Scholarship Application**

The purpose of this application is to gain information about your background, education, interests, achievements, and financial situation. Your application will be reviewed by a five-person selection committee which will make awards based on financial need, academic standing, personal interests, and achievements. The committee does not discriminate on the basis of race, religion, age, sex, national origin, and/or handicap. The information you submit on your application will remain confidential.

I hereby apply for a Health Career Scholarship from the PinnacleHealth Auxiliary to continue my education in the health care field.

\_\_\_\_\_ (give specific title of approved allied health career curriculum)

at \_\_\_\_\_ (give full name of approved institution or college)

during the academic year beginning \_\_\_\_\_ 20\_\_ and ending \_\_\_\_\_ 20\_\_ where I will be enrolled full time as \_\_\_ 1st year \_\_\_ 2nd year, \_\_\_ 3rd year \_\_\_ 4th year

Accepted at university/college \_\_\_\_\_.

**I. PERSONAL DATA**

a) Full name \_\_\_\_\_ (Last) (First) (Middle)

b) Legal address \_\_\_\_\_ (Street) (City)

\_\_\_\_\_ (County) (State) (Zip)

c) Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_ \_\_\_ Male \_\_\_ Female

d) Resident of Pennsylvania? \_\_\_ Yes \_\_\_ No If yes, from \_\_\_\_\_ to present.

e) Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

f) Marital Status: \_\_\_ Single \_\_\_ Separated \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed

g) Number of children or dependents \_\_\_\_\_ Their ages \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_



**IV. TO BE COMPLETED BY APPLICANT'S PARENTS, GUARDIAN OR SPOUSE**

*(If applicant is employed, please list employment and earnings)*

Applicant's Father, Male Guardian or Spouse	Applicant's Mother, Female Guardian Or Spouse																				
Home Address	Home Address																				
Occupation and Title	Occupation and Title																				
Employed by                      No. of Yrs.	Employed by                      No. of Yrs.																				
If retired, benefits received:																					
<table> <tr> <td></td> <td>Amount</td> </tr> <tr> <td>None</td> <td>\$ _____</td> </tr> <tr> <td>Employee</td> <td>_____</td> </tr> <tr> <td>Social Security</td> <td>_____</td> </tr> <tr> <td>Other (explain)</td> <td>_____</td> </tr> </table>		Amount	None	\$ _____	Employee	_____	Social Security	_____	Other (explain)	_____	<table> <tr> <td></td> <td>Amount</td> </tr> <tr> <td>None</td> <td>\$ _____</td> </tr> <tr> <td>Employee</td> <td>_____</td> </tr> <tr> <td>Social Security</td> <td>_____</td> </tr> <tr> <td>Other (explain)</td> <td>_____</td> </tr> </table>		Amount	None	\$ _____	Employee	_____	Social Security	_____	Other (explain)	_____
	Amount																				
None	\$ _____																				
Employee	_____																				
Social Security	_____																				
Other (explain)	_____																				
	Amount																				
None	\$ _____																				
Employee	_____																				
Social Security	_____																				
Other (explain)	_____																				
Earnings per year before taxes	Earnings per year before taxes																				
Amount              \$ _____	Amount              \$ _____																				
If parents are separated or divorced, please give amount of support for applicant \$ _____ per year.																					

Additional dependent family members (who reside with parents)

Name	Age	If attending college, list name of college and cost per year.

Additional financial information
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Other income of parents or spouse from interest, dividends, net rental, etc.

- |                      |                     |
|----------------------|---------------------|
| ( )      Under 500   | ( )      3 - 4,000  |
| ( )      500 - 1,000 | ( )      4 - 5,000  |
| ( )      1 - 2,000   | ( )      Over 5,000 |

**V. FINANCIAL AID**

a) Will you be receiving financial aid for the school year covered in this application?  
\_\_\_ Yes \_\_\_ No      Amount \$ \_\_\_\_\_

From whom? \_\_\_\_\_

b) Do you or your family have extraordinary expenses?

If answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

c) Have you had to borrow money in your own name to finance any part of your education to date?      \_\_\_ Yes      \_\_\_ No

If yes, source of loan	Amount borrowed
_____	\$ _____
_____	_____
_____	_____
_____	_____

**VI. INCLUDE A SHORT ESSAY ON “WHY I CHOSE A HEALTH CAREER”**

**VII. PERSONAL REFERENCES** (list three, current school year, non-relatives)

- a)
- b)
- c)

Three written letters of reference are required. At least one must be from your current school. These reference letters must be received by the application deadline. Without them, your application will not be considered.

**VIII. NOTIFICATION**

The Committee will review your application. A personal interview may be required. Please feel free to include any additional information you think would help in the selection process. Recipients will be notified before June 15. If you are not notified by June 15, you were not chosen to receive a scholarship.

## IX. STUDENT'S CERTIFICATION AND AUTHORIZATION

I hereby certify that the information given on this application is, to the best of my knowledge and belief, complete and correct. I hereby grant the Scholarship Committee of the PinnacleHealth Auxiliary the authority to verify any of the information and authorize the school that I am attending to release to the Committee my grades and all other data requested by the Committee to meet their requirements and guidelines.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

This application must be received or postmarked by April 4, 2012 for consideration by the Committee.

Linda Shannon  
2408 Melbourne Drive  
Harrisburg, PA 17112

If you have any questions, call:

Linda Shannon  
545-5856

Ann Froehlich  
761-5116