

2020 2021 Scholarship Application of	2020-2021 Scholarship Application of	Dept.
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Application Checklist:

- Completed application
- o 2 professional reference letters
- Statement of professional/educational goals and financial need
- o Transcripts from current or past educational facilities (if applicable)

*If you have the ability, please submit your application and required document as one scanned-to-email file and send to MEGAN BARONE at Baronema3@upmc.edu. If unable to submit in this way, send via inner-office mail to Megan Barone c/o Administration. If you do not receive a return email acknowledging receipt of your application, please contact Megan Barone, 716.664.8423.

Statement of Professional/Education Goals and Financial Need:

Attach a statement of your professional and educational goals. Explain in one page or less, your career goals and how this scholarship will help you meet those goals and perform your services in an enhance manner at UPMC Chautauqua. Include a description of your financial need disclosing your financial ability to initiate continuing education without assistance and the difference a scholarship would make in achieving your educational goal.

Transcripts:

Please attach a transcript from your showing course work to date (if currently enrolled) or from your last school attended (if not currently enrolled).

Statement of Understanding:

I understand that if I am a scholarship recipient, I will need to discuss my intention to work at UPMC Chautauqua following the receipt of the scholarship-presuming UPMC continues to need their services.

** PLEASE NOTE, you must sub	mit your tuition bill	to WCA FOUNDA	ATION as proof of your
enrollment.			

Applicant Signature:	Date	:
applicant signature.	 Dute	

WCA Foundation
51 Glasgow Avenue Bldg. F; P.O. Box 840
Jamestown, NY 14702-0840

Educational Grant Navigator: Megan Barone, Director of Development, UPMC Chautauqua

Baronema3@upmc.edu 716-664-8423

Applicant Information Full Name: Date: Last First M.I. Address: Street Address Apartment/Unit # City State ZIP Code Phone: Cell Phone: e-mail: Best number and time of day to contact: I am requesting funding for (ex. completion of degree, attending seminar, etc.): Education Current school attending: Address: TO: _____ Date of anticipated graduation? ____ From: ☐ No transcripts available. I have recently started the program. Other previous higher education: Address: Degree obtained: _____ To:___ From: References Please list two professional references. Full Name: Relationship:_____ Phone: Company: Address: Full Name: Relationship: Company: Phone: Address: _____

WCA Foundation Scholarship Application

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Other educational assistance needs:

Employment Experience

Owner LIDMO Facility			Diverse
Current UPMC Facility: Address:			Phone:
Address:			Supervisor:
Job Title:			
Responsibilities:			
From: To:			
May we contact your supervisor for a reference?	YES	NO	
Previous:			Phone:
Address:			Supervisor:
Job Title:			
Responsibilities:			
From: To:			
Financial Aid	d Worksh	neet	
FOR EDUCATIONAL SCHOLARSHIP			
EXPENSES			
Annual Tuition. Fees, etc.:			
CURRENT ANTICIPATED FINANCIAL AID			
UPMC Tuition Assistance:			
Other sources from school: TAP, PELL			
FOR TRAINING, SEMINAR, ETC.			
EXPENSES			
Total cost of program:			

WCA Foundation Scholarship Application

	Signature
I certify that my an	swers are true and complete to the best of my knowledge.
Signature:	Date:
	WCA Foundation Scholarship Application Checklist
☐ Completed	application
☐ Attach two	letters of professional references
☐ Attach sta	ement of professional/educational goals
☐ Attach trar	scripts