

WCA Foundation

Supporting Healthcare at UPMC Chautauqua
Scholarship Application

Name _____ Dept. _____

Application Checklist:

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

***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 submit your tuition bill to [WCA FOUNDATION](#) as proof of your enrollment****

Applicant Signature: _____ Date: _____

WCA Foundation
51 Glasgow Avenue
Jamestown, NY 14701

Educational Navigator: Megan Barone, Director of Development, UPMC Chautauqua
Baronema3@upmc.edu 716-664-8423

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Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Cell Phone: _____ e-mail: _____

Best time of day to contact: _____

I am requesting funding for (ex. completion of degree, attending seminar, etc.): _____

Education

Current school attending: _____ Address: _____

From: _____ TO: _____ Date of anticipated graduation? _____

No transcripts available. I have recently started the program.

Other previous higher education: _____ Address: _____

From: _____ To: _____ Degree obtained: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:

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- Attach transcripts