UPMC CHAUTAUQUA

WCA Foundation
Supporting Healthcare at UPMC Chautauqua

Pathways to Advancement Workforce Development Fund Application

Eligibility Requirements:

- Minimum GPA of 3.5 (if applicable)
- Must be enrolled in an accredited educational institution currently for a minimum of 2 semesters
- Facilities-based training eligible (HVAC, Boiler, Certifications)
- Commitment to remain and share knowledge for 1 year

1. Applicant Information

Name:	
Address:	
Email Address:	
Phone Number:	
Preferred Contact (Text or Email):	
Department:	
Position:	
Length of time in current position:	
Length of time at UPMC Chautauqua:	
Supervisor:	

2. Program & Financial Information

Program Length:	
Total Tuition:	
TAP Amount $:	
Pell Amount $:	
UPMC Tuition Assistance/Reimbursement $:	
Other Scholarships $:	
Previous Student Loan Debt $:	
Enrolled in PSLF Program (Y/N):	
Program Start/End Dates:	

Application Checklist (Required Documentation)

- ☐ **Completed Application**
- ☐ **2 Professional Reference Letters**
- ☐ **Statement of Professional/Educational Goals and Financial Need**
- ☐ **Transcripts (current or past, if applicable)**
- ☐ **Tuition Bill**
- ☐ **FAFSA Denied/Approved**

Application Submission Instructions:

Send completed application and required documents to Megan Barone, Director of Development
Email: baronema3@upmc.edu
Subject Line: Last Name, First Name – Scholarship Application

Statement of Professional/Educational Goals and Financial Need:

Attach a one-page statement describing your career goals and how this scholarship will help you. How will it improve your quality of life? Explain your financial need and ability to pursue education without assistance.Describe how this support will enhance your work at UPMC Chautauqua. Please also describe where you started and where you would like to be with your healthcare career.

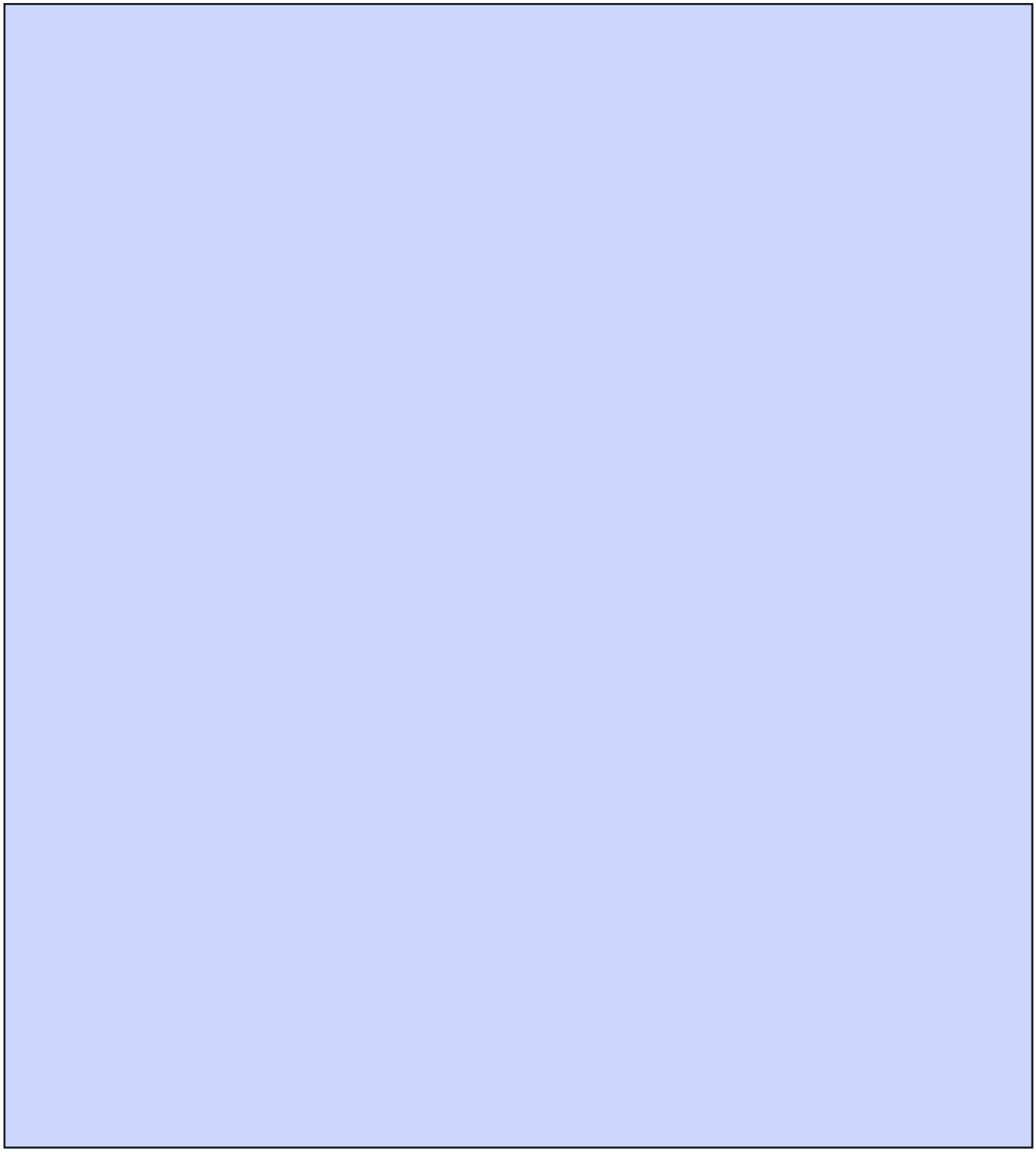
Statement of Understanding:

I understand that I may be expected to continue employment at UPMC Chautauqua following receipt of the scholarship. I understand that I must submit a tuition bill as proof of enrollment to the WCA Foundation. I understand that scholarship funding is limited and awards are distributed based on the availablity of donor funded resources.

Applicant Signature: _____ Date: _____

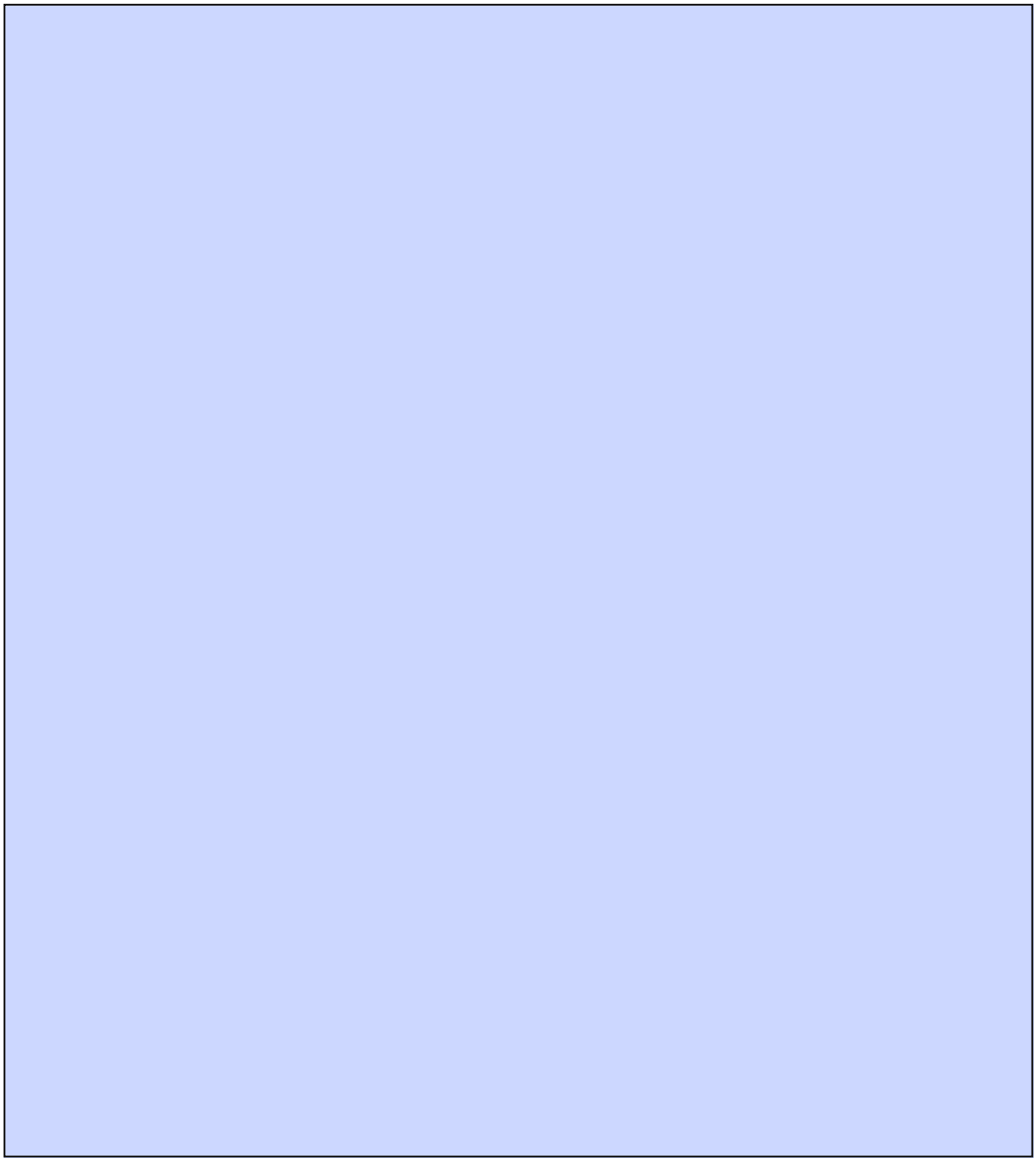
Professional Journey

Where did you begin in healthcare and what inspired you?



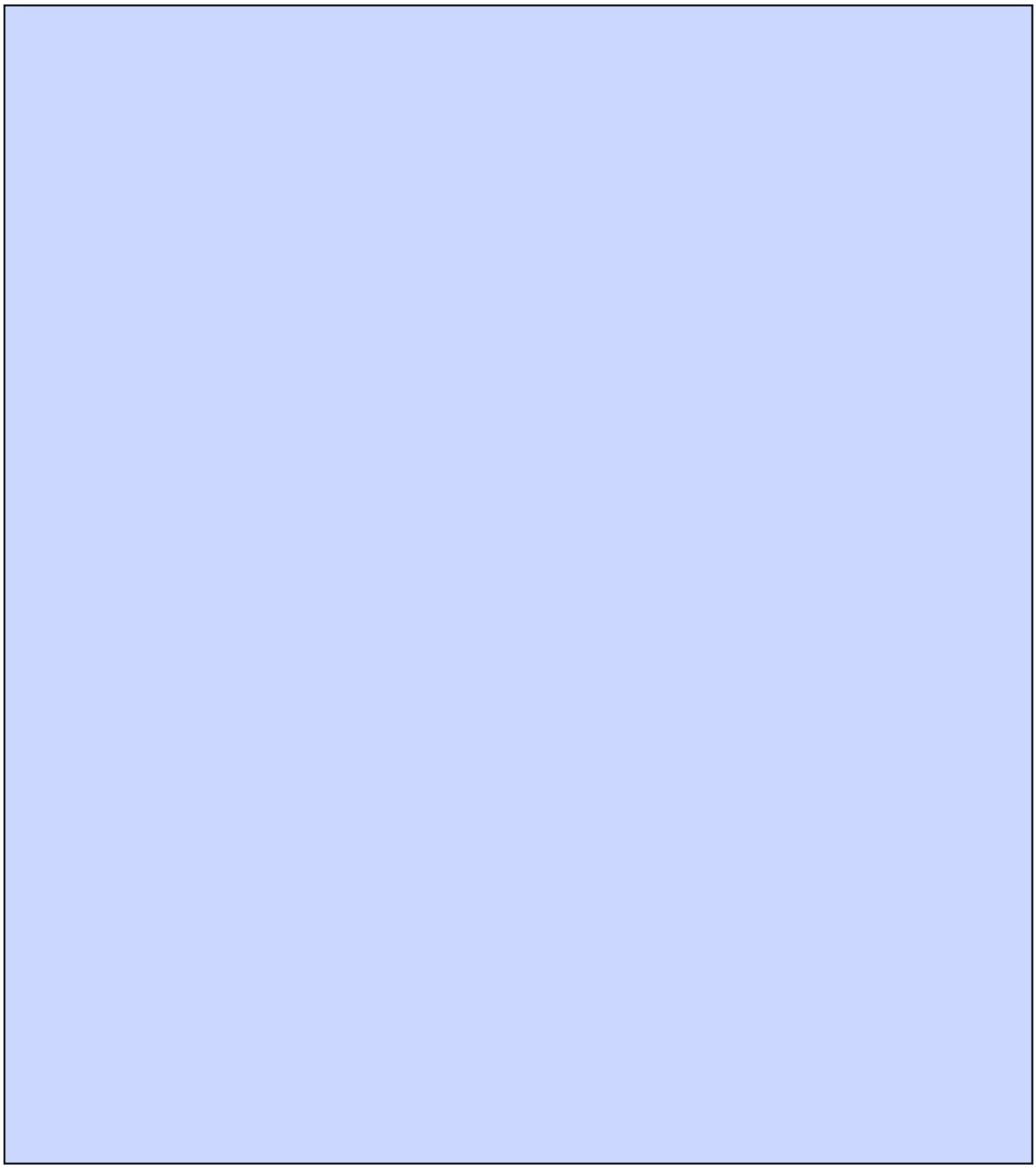
Career Goals

What are your goals for advancement or transition?



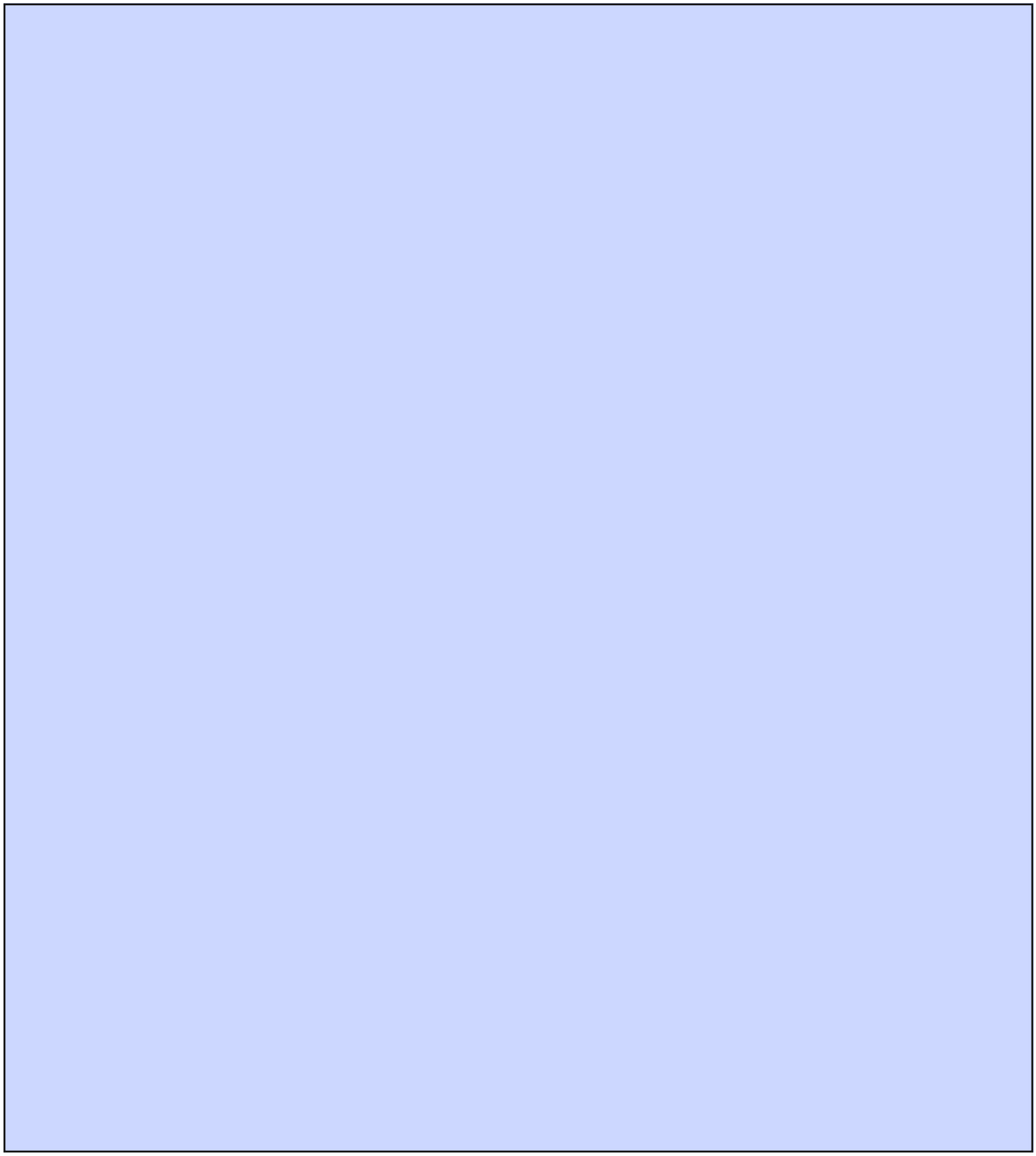
Future Vision

Where do you want to be and why?



Financial Barrier

How has your financial situation created a barrier to your educational journey?



Approvals & Sign Offs

Kristin Melville, Executive Director WCA Foundation:

Date:

Megan Barone, Director of Development UPMC Chautauqua:

Date:

☐ Scholarship Committee Review Complete

☐ Approved

☐ Denied

Notes