WCA Foundation
Supporting Healthcare at UPMC Chautauqua

Scholarship Application of _____ 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)
- ☐ Tuition Bill
- ☐ FAFSA Denied/Approved
- ☐ Admissions Letter if first time student

***If you have the ability, please submit your application and required document as one scanned-to-email file, with your Last Name, First Initial in the subject line, 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, 704.960.5513.**

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 Bldg. F; P.O. Box 840
Jamestown, NY 14702-0840

Educational Grant Navigator: Megan Barone, Director of Development, UPMC Chautauqua
Baronema3@upmc.edu 704.960.5513

WCA Foundation Scholarship Application

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:

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

Degree Program _____

☐ 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: _____

Employment Experience

Current UPMC Facility: _____ 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 Worksheet

FOR EDUCATIONAL SCHOLARSHIP

EXPENSES

Annual Tuition. Fees, Books, etc.:

CURRENT ANTICIPATED FINANCIAL AID UPMC Tuition Assistance:

Other sources from school: TAP, PELL:

Other scholarships:

WCA Foundation Scholarship Application

FOR TRAINING, SEMINAR, ETC.

EXPENSES

Total cost of program:

Other educational assistance needs:
(I.E. childcare, gas, etc.)

Signature

I certify that my answers 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 statement of professional/educational goals
- ☐ Attach transcripts
- ☐ Attach Tuition Bill
- ☐ Attach FAFSA (if applicable)
- ☐ Attach Admissions Letter (if first time student)

For Office Use Only

Kristin Melville, Executive Director

Signature: _____ Date:_____

Megan Barone, Director of Development

Signature: _____ Date:_____

☐ **WCA Foundation Scholarship Committee**

Date:_____

☐ **Approved** ☐ **Denied**

Amount: _____ Fund:_____