

2023
Upper Valley Medical Center Foundation Scholarship Form

Application Deadline 4:00 p.m. – March 27, 2023

Please read the selection criteria for the various scholarships **very carefully** to assure you qualify. Please check all scholarships you are applying for as you may qualify for more than one. (Note: You may check any or all scholarships if you meet the criteria.)

PLEASE NOTE:
ALL SCHOLARSHIPS ARE FOR UNDERGRADUATE STUDIES ONLY.
THERE ARE NO SCHOLARSHIPS AVAILABLE FOR GRADUATE STUDIES.

- Heath Family Scholarship:** Applicant must be a Miami County resident pursuing a degree in healthcare. Two scholarships will be awarded every year to a graduating high school senior; one from Piqua High School and one from Lehman High School in Sidney. Prior recipients may re-apply for another scholarship however awards to high school seniors take precedence. Applicants must have a minimum GPA of 2.5 and have demonstrated a need for financial need.
- Hinsch Family Scholarship:** Applicant must be a resident of Miami, Shelby, Darke or Champaign County who is pursuing an associate or bachelor's degree in a health care related field of study. Applicant must be a high school graduate, have applied and been accepted to an accredited institution.
- Raval Family Scholarship:** Applicant must be a resident of Miami County who is pursuing an entry level degree in a health care related field of study. Fields of study where graduates are in short supply will be given preferential treatment. Applicant must be a high school graduate, have applied and been accepted to an accredited institution.
- David M. Spencer, M.D. Memorial Scholarship:** Applicant must be in 2nd year of study of entry level degree and have maintained a 2.5 GPA and considered a full-time student (12 or more credit hours). Must be pursuing a degree in a health care related field of study and, applicant must either be:
 - a.) a resident of Miami County;
 - b.) a UVMC employee who has been employed at UVMC for a minimum of 6 months; and or,
 - c.) the child/legal ward of a UVMC employee. The applicant's parent/guardian must have been employed at UVMC for a minimum of 6 months.
- Steinhilber Health Education Scholarship:** Applicant must be a resident of Miami County who is pursuing an associate or bachelor degree in a health care related field of study. Applicant must be in their 2nd year of study, maintained a 3.0 GPA and demonstrated a financial need.
- Torrence Memorial Scholarship:** Provides financial assistance to a Miami County resident who is pursuing an associate or bachelor degree in a health care related field of study. Applicant must be a high school graduate, have applied and have been accepted to an accredited institution.
- Diana Van De Grift Scholarship:** Provides financial assistance to a Miami County resident who is pursuing a degree in nursing, seeking an LPN degree or an associate degree in nursing or a 4-year Bachelor of Science degree in nursing. First and highest preference will be given to single parents or members of struggling families in Miami County who are seeking to obtain a degree in nursing as their first post high school degree. Applicants who are graduates from Covington High School, seeking a first degree in nursing shall be given the next highest preference. A GPA of 2.5 is required.

- UVMC Auxiliary/Loffer Scholarship:** Applicant must be a Miami County resident pursuing a degree in healthcare, including but not limited to medicine and nursing. Candidate must have maintained a minimum of 2.5 GPA and either be:
 - a.) a high school graduate or have a GED and must have completed one (1) year at an accredited post high school institution;
 - b.) a high school senior that is currently enrolled in a post-secondary education opportunity program (dual enrollment) and must have completed one (1) year at an accredited post high school institution (a minimum of 12-15 hours) Age shall not be a criteria.
- Nancy Rethman Memorial/UVMC Medical Staff Scholarship:** Applicant must be a Fort Loramie High School graduating senior who is pursuing a healthcare related career (clinical or administrative) and must have a GPA of 3.0 or above.

-----**FOR UVMC EMPLOYEES ONLY**-----

- Reeber Family Scholarship:** For UVMC Employees – Applicant must be a UVMC employee for at least 6 months. Applicant must be obtaining their first post high school degree or license in a healthcare related field.
- Norma Smith Scholarship:** For UVMC Employees – Applicant must be a full-time or part-time UVMC employee for at least 6 months. Employee must be pursuing healthcare related field, completed one academic term (quarter or semester) and maintained a GPA of 2.5.

-----**FOR UVMC/UVPC EMPLOYEE'S CHILDREN ONLY**-----

- Reddy Family Scholarship:** For children/grandchildren of UVMC HIS (Medical Records) or Cancer Care Center employees/retirees only – Applicant must be pursuing a post high school degree, certificate or license.
- Sharing Plus Youth Scholarship:** For children or legal ward of employees pursuing training or education beyond high school.

Selection criteria includes:

- Applicant's parent must be an employee of Upper Valley Medical Center for at least 6 months.
- Applicant must be a dependent of their parents. This means parents currently claim student applicant as a dependent for tax purposes.
- Applicant must be a high school senior, a high school graduate or have a G.E.D.
- Applicant must meet admission criteria and be accepted into a study program.
- Applicant who is married and/or no longer living at their parent's address is not eligible.

Guidelines for Completing Application:
PLEASE READ DIRECTIONS CAREFULLY

1. Applicant must submit the following:

- ✓ a completed application. **NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.**
- ✓ a current term school transcript—transcript does not require an official school seal but must have school name and student name. If student is a post-secondary student, must also submit the post-secondary school transcript **IF** it is not included on the high school transcript. Committee must be able to see ALL credit hours/courses taken.
- ✓ Two (2) references (form attached). References **should not be from family members or friends. At least one reference should be from a teacher, professor/academic advisor or employer.** The Reference Form is included in this application packet.
- ✓ a TYPED Essay - short goal statement – (500 words or less, 12 pt. type, double-spaced, 1 inch margins) concerning career objectives, plans after graduation, how the scholarship will help, a bit about yourself. Please include your thoughts about philanthropy and ways you give back to your community through service activities or volunteering.

Please return the original application and essay to the UVMC Foundation office by 4:00 pm, Monday, March 27, 2023. (The school transcript(s) and two completed references are usually mailed separately to the UVMC Foundation Office, however, if references are given to the applicant, they can be submitted with the application.)

2. Applicants will be notified of decisions no later than Friday, May 5, 2023
3. Checks will be made payable to the school and mailed to the student upon receipt of tuition invoice.
4. Applications and references will be accepted by:

Mailed or hand delivered to: UVMC Foundation
Scholarship Program
3130 N. County Rd. 25A
Troy, OH 45373

Emailed to: drosting@premierhealth.com

Faxed to: (937) 440-7413

Questions??? Call the Foundation Office at (937) 440-7541.

Incomplete applications will be disqualified.

WE ENCOURAGE YOU to call the Foundation office (937-440-7541) to see if reference forms and school transcript have been received by the deadline.

Upper Valley Medical Center Foundation Scholarship Application - 2023

*You will only need to fill out this form once. It will be used for all scholarships you have checked and are applying for. **Do not handwrite. Only typed applications will be accepted.**

PERSONAL INFORMATION:

Name:	Telephone #:
Address:	
City:	State/Zip:
County of Residence:	Email Address:
Date of Birth:	Age:

EDUCATION INFORMATION:

High School Attended:	Year Graduated:
If incoming college freshman, to which schools have you applied and/or been accepted?	
School: _____	City/State: _____ Chosen: <input type="checkbox"/> Y or <input type="checkbox"/> N
School: _____	City/State: _____ Chosen: <input type="checkbox"/> Y or <input type="checkbox"/> N
School: _____	City/State: _____ Chosen: <input type="checkbox"/> Y or <input type="checkbox"/> N
Vocational Goal:	Major:
Post-Secondary schools attended, including current:	
School: _____	Program: _____ GPA: _____
School: _____	Program: _____ GPA: _____
School: _____	Program: _____ GPA: _____
Will you be a full time or part time student? _____ Expected Graduation Date: _____	

LEADERSHIP: Please use a separate sheet to list work experience, community service, honors and awards, leadership and extracurricular activities (for the past 2-3 years).

ESSAY: Please use a separate sheet and type a statement explaining why you wish a career in your chosen field, what you plan to do with your degree, how this scholarship will help you meet your goals, and where you see yourself post-graduation. What would you like the donors who have donated toward these scholarships to know about you? Please include your thoughts about philanthropy and ways you give back to your community through service activities or volunteering. (limit 500 or less words)

FINANCIAL INFORMATION:

<p>Total annual cost of schooling: (include tuition, room & board, books/lab fees): _____</p> <p>Total out-of-pocket expenses for upcoming academic year INCLUDING loans/grants that need to be re-paid? _____</p> <p>Number of siblings in college: _____</p>
--

Are you employed at UVMC? _____

Is a parent employed at UVMC, if so, name of parent: _____

Parent's employment date at UVMC _____ Department: _____

Are you applying for a scholarship from another Foundation within Premier Health, i.e. Miami Valley, Good Sam, Atrium? If so, where? _____

Two completed references are a requirement to complete this application. One reference must be from a teacher, professor/academic advisor, or employer. **Use reference form attached.** Additional reference letters are not required but welcomed.

References will be submitted by:

- | | |
|------------------------|--------------|
| 1. _____ | _____ |
| Educator/Employer Name | Relationship |
| 2. _____ | _____ |
| Name | Relationship |

REQUIRED ATTACHMENTS:

- ✓ Typed leadership info
- ✓ Typed essay
- ✓ Transcript(s)
- ✓ Two references

PERMISSION:

I give permission to the selection committee to review my application materials and, if granted a scholarship, I give permission to release the appropriate information in press/media releases.

Signature of Applicant **(MUST HAND SIGN)** _____ Date _____

* Please return the original application, essay and any attachments before 4:00 pm **Monday March 27, 2023.** (School transcript and two references could be mailed separately to the Foundation Office).

Mail or hand deliver to: UVMC Foundation, 3130 N. County Rd. 25A, Troy, OH 45373
Email to: drosting@premierhealth.com
Fax to: (937) 440-7413

**UPPER VALLEY MEDICAL CENTER FOUNDATION
SCHOLARSHIP REFERENCE FORM**

Must Be Returned by March 27, 2023

(All information on this form will be considered confidential in every respect.)

Your name has been given by _____ as a reference on his/her application to receive a scholarship from the Upper Valley Medical Center Foundation.

Please answer the following questions to the best of your knowledge (Applications that do not have required Reference Forms will be disqualified.)

a) In what capacity have you known the applicant? _____

b) Select a number 1-5 (5=highest, 1=lowest)

Quality	Rating					Not basis for judgement
	Poor 1	2	3	4	Excellent 5	
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Please describe your impression of the applicant as a student/employee:

Please use a separate sheet of paper for additional comments. If you would like to discuss any of the above information with a member of the selection committee, please contact the Upper Valley Medical Center Foundation Office at (937) 440-7541.

Name: _____ Date: _____

Address: _____

_____ Phone # _____

Thank you for taking time to complete the UVMC Foundation Scholarship Reference Form. Please return the completed form **by Monday, March 27, 2023.**

Mail or hand deliver to: UVMC Foundation, 3130 N. County Rd. 25A, Troy, OH 45373
 Email to: drosting@premierhealth.com
 Fax to: (937) 440-7413