

## UVMC Foundation Scholarship Form Winter 2021

### **MUST BE TYPED**

Please read the selection criteria for the various scholarships **very carefully** to assure you qualify. You may qualify for more than one. Please check all scholarships you are applying for.

(Note: You may check any or all scholarships if you meet the criteria.)

- 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 assistance. \*Undergraduate eligible.
- 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. \*Undergraduate eligible.
- 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. \*Undergraduate eligible.
- David M. Spencer, M.D. Memorial Scholarship:** Applicant must be in 2<sup>nd</sup> 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.\*Undergraduate eligible.
- 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 2<sup>nd</sup> year of study, maintained a 3.0 GPA and demonstrated a financial need. \*Undergraduate eligible.
- 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. \*Undergraduate eligible.
- 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. \*Undergraduate eligible.

- 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.
- \*Undergraduate eligible.

-----**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. \*Undergraduate eligible.
- 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.  
\*Undergraduate and Graduate eligible.

-----**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. \*Undergraduate and Graduate eligible.
- Sharing Plus Youth Scholarship:** For children or legal ward of employees pursuing training or education beyond high school. 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 and claimed as a dependent for tax purposes. Applicant cannot be married. Applicant must be a high school senior or a high school graduate who has been accepted into a study program.  
\*Undergraduate eligible.

**Guidelines for Completing Application: PLEASE READ DIRECTIONS CAREFULLY**

1. Applicant must submit the following:

- ✓ a TYPED or WORD PROCESSED application. **NO HAND WRITTEN 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 - please print two copies. Applicant should provide a stamped return envelope with each reference form, addressed to: UVMC Foundation, Scholarship Program, 3130 N. County Rd. 25A, Troy, OH 45373. References can also be emailed or faxed...see information below.
- ✓ 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 and 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, Friday, March 19, 2021. (The school transcript(s) and two completed references are usually mailed separately to the UVMC Foundation Office.) Incomplete applications will be disqualified. **WE ENCOURAGE YOU to call the Foundation office (937-440-7541) to see if letters of recommendation and school transcript have been received by the deadline.**

2. Applicants will be notified of decisions no later than Friday, April 30, 2021.

3. Checks will be made payable to the school and mailed to the student when an invoice for tuition is received.

4. Applications and references will be accepted by:

Mail: UVMC Foundation  
Scholarship Program  
3130 N. County Rd. 25A  
Troy, OH 45373

Email: [relifritz@premierhealth.com](mailto:relifritz@premierhealth.com)

Fax: (937) 440-7413

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

# UVMC Foundation Scholarship-2021

\*You will only need to fill out this form once. It will be used for all scholarships you have checked and are applying for. Please TYPE or use Word Processor.

## 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: GPA:	Program:	
School: GPA:	Program:	
School: GPA:	Program:	
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:**

Total annual cost of schooling: (include tuition, room & board, books/lab fees): \_\_\_\_\_

Total out-of-pocket expenses for upcoming academic year INCLUDING loans/grants that need to be re-paid? \_\_\_\_\_

Number of siblings in college: \_\_\_\_\_

Are you employed at UVMC? \_\_\_\_\_

Is a parent employed at UVMC, if so, parent's name: \_\_\_\_\_

Parent's employment date at UVMC: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

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 and essay to the UVMC Foundation Scholarship Program, 3130 N. County Rd. 25A, Troy, OH 45373 before 4:00 pm, Friday, March 19, 2021. (The school transcript and two references are usually mailed separately to the UVMC Foundation Office.) Incomplete applications will be disqualified.

**UVMC FOUNDATION SCHOLARSHIP  
REFERENCE FORM**

**Must Be Returned by March 19, 2021**

*(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 UVMC 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you would like to discuss any of the above information with a member of the selection committee, please contact the UVMC Foundation Office at (937) 440-7541.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Thank you for taking time to complete the UVMC Foundation Scholarship Reference Form. Please return the completed form to the address below, **by Friday, March 19, 2021.**

UVMC Foundation  
Scholarship Program  
3130 N. County Rd. 25A  
Troy, OH 45373