

2019-2020 SCHOLARSHIP APPLICATION



The Health Plan Scholarship is available to students who:

- Are majoring in Bachelor of Science in Nursing (BSN) or Doctor of Medicine (MD);
- Qualified for the Federal Pell Grant while enrolled in undergraduate work;
- Originate from The Health Plan Service Area; and
- Intend to practice in The Health Plan Service Area after graduation.

Scholarship pays tuition & fees at the in-state rate and the school's required laptop/support fee.

The scholarship will be renewed each year if the student is maintaining satisfactory academic progress for up to 4 years.

For consideration, submit by May 17th:

- The Health Plan Scholarship Application;
- Resume or curriculum vitae; and
- Letter of interest explaining why you have chosen a career in healthcare, why you are committed to practice in The Health Plan's service area, and details regarding your current financial situation.

Full Name _____ Student Number _____

Email Address _____ Major: ___BS Nursing ___ Doctor of Medicine MD

Year in College in 2019-2020 _____ Expected College Graduation Date (MMYY) _____

Local Address _____

Local Phone Number () _____

Name of High School _____

Location of High School: County _____ State: ___ WV ___ OH

My signature below certifies that the information I have provided on this application is true and complete to the best of my knowledge. I also agree that information concerning verification of family income, test scores/grades and other pertinent information can be shared with representatives from The Health Plan for the sole purpose of determining my eligibility to receive The Health Plan Scholarship.

Signature _____

Date _____

Return the application to:

The Health Plan
 Attn: Chiara Lindsay, Corporate Services
 1110 Main Street
 Wheeling, WV 26003
ChiaraL@healthplan.org
 (740) 695-8103 Fax | (740) 695-7854 Direct

FOR OFFICE USE ONLY

College GPA – Nursing only		Pell Grant Eligible	Y or N
MCAT Score		Origin County	Y or N
Comments			