

2021-2022 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 State of West Virginia (after graduation for BSN students and after residency for MD students).

The scholarship pays tuition & fees at the WV in-state rate and the school's required laptop/support fee. The scholarship will be renewed for up to 4 years as long as the student maintains satisfactory academic progress. If the student is already receiving other scholarships, The Health Plan scholarship will cover any additional tuition and fee amounts due after those awards are applied.

For consideration, submit by May 31st:

- 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 State of West Virginia, and details regarding your financial situation.

Full Name _____ Student Number _____

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

Year in College in 2021-2022 _____ 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 | |
| Other Scholarship Amount | | | |
| Comments | | | |