



2025-2026 SCHOLARSHIP APPLICATION

The Health Plan Scholarship is available to students who:

- Are majoring in a 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 (if applicable). 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 30th:

- 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, details regarding your financial background/need for assistance, and one interesting fact about yourself.

Full Name _____ Student Number _____

MUSOM Email _____ Major: ____ BSN ____ MD

Personal Email _____ Year in School (25/26) _____

Cell Phone Number _____ Expected Graduation (MMYY) _____

Local Address _____

Name of High School _____

Location of High School: County _____ State: ____ West Virginia ____ Ohio

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:

GPA (RN) or MCAT (MD)		Origin County		Pell Eligible	Y or N
Other Scholarship Amt.		Comments			