



## **Information and Documents for the Health Professions Scholarship Application**

The MetroWest Health Foundation's online Health Professions Scholarship Application will be available on the Foundation's website beginning April 15 until 4:00 p.m. on May 31 for the academic term beginning the following September and beginning October 15 until 4:00 p.m. on November 30 for the academic term beginning the following January.

Scholarship awards are based on a rating scale using the following criteria:

- Financial Need
- Grade Point Average, if applicable
- Letter of Recommendation
- Essay

The following information is required for submission of the online Scholarship Application. This information will provide you with the application requirements and assist you in preparing materials prior to submitting the online application. This list is not the Scholarship Application.

**It is highly recommended that you take the time to proof read your essay and ensure all required information is submitted as requested.**

### **General Information**

- Name and Address
- Phone Number
- Email Address
- Date of Birth
- Marital Status
- Race/Origin (optional)
- How you learned about the Scholarship Program

### **Employment Information (if applicable)**

- Name of Employer and Address
- Job Title

- Whether you plan to work while in college
- Hours worked per week

### **School Information**

- Name and Address of Educational Institution
- Student ID Number
- Health Profession Program Pursuing
- Academic Year Entering
- Academic Start and End Date
- Expected Date of Graduation
- Attending School Full-time or Part-time
- GPA
- Where you plan to live while attending school

### **Financial Information**

#### Student Income and Assets (Including spouse, if applicable)

- Adjusted Gross Income
- Total Cash, Savings, Investments (Excluding 401K or other retirement savings)
- Other Income (Social Security, Disability, Child Support)
- Current Value of Primary Residence Based on Most Recent Tax Assessment
- Grants and Scholarships Received for Upcoming Academic Year

#### Student Expenses

- Tuition and Fees for Upcoming Academic Year
- Books and Supplies Required by Program
- Total Mortgage Outstanding
- Monthly Mortgage/Rent Payment
- Monthly Childcare Expenses
- Outstanding Student Loans
- Number of Dependent Children in Household and in College

If you are under the age of 26 and are not married, you will be asked to provide the following information about your parents.

- Adjusted Gross Income
- Total Cash, Savings, Investments (Excluding 401K or other retirement savings)
- Other Income (Social Security, Disability, Child Support)
- Current Value of Primary Residence Based on Most Recent Tax Assessment
- Total Mortgage Outstanding
- Monthly Mortgage/Rent Payment
- Number of Dependent Children in Household and in College

## Essay

In an essay not to exceed 500 words, tell us about yourself. Include your interests, past achievements, reason for your health career choice, and what you see yourself doing post- graduation.

## Supporting Documents

**All documents must be uploaded to the online application. No documents will be accepted by mail, email or fax.** We recommend that you individually scan or create a PDF of the following documents so they can be uploaded with your online application.

1. A copy of your Student Aid Report that clearly shows your Estimated Family Contribution (EFC) amount. (Students must file for federal financial aid.) Do not submit a copy of the application.
2. Proof of Residency (e.g. copy of **both** sides of a valid driver's license, state issued documentation, or voter's registration). **Note: No scholarships will be awarded to post office boxes or non-residential addresses.**
3. A copy of your most recent income tax return. (If you did not file an income tax return, please include a document stating so.) Black-out social security numbers.
4. If you are under the age of 26, a copy of your parents' most recent income tax return (Only the page that shows Adjusted Gross Income) Black-out social security numbers.
5. A copy of the course description from the academic institution you are attending and for which you are seeking funding.
6. A copy of your most recent high school or college transcript, if applicable.
7. One-page resume.
8. Letter of Recommendation: Please provide one written letter of recommendation from someone who can best describe your ability to succeed in your academic and/or career goals. The letter should be signed and on letterhead from one of the following: your high school guidance counselor; career specialist or teacher; a faculty member of the health profession program you are currently enrolled in; or your employer or individual not related to you (only if you have been out of high school more than a year and are not currently enrolled in a nursing or medical/clinical program). Please note: Students currently enrolled in a college program must provide a letter of recommendation from a faculty member of the nursing or medical/clinical program.
9. A copy of your acceptance letter to the health profession program for which you are seeking funding.