



1163 Country Club Road Monongahela, PA 15063 (724) 258-1000



THE MONONGAHELA VALLEY HOSPITAL "HEALTHY HELP" SCHOLARSHIP APPLICATION

Applying for: Fall

Year _____

Name: _____

Street Address: _____ Apt. Number _____

City: _____ State: _____ Zip _____

Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ *Optional:* Male Female

High School: _____ Year Graduated: _____

GED completion date (if applicable): _____

Education beyond High School: _____ Year(s) _____

What personal circumstances should be considered in determining your need for this scholarship? (Example: recently unemployed, divorced, ill spouse, etc.)

Did you submit a Free Application for Federal Student Aid (FAFSA)? Yes No

Program enrolled:

Medical Assistant

Medical Unit Clerk

Health Information Technology

Medical Billing Clerk

- Please submit two (2) letters of recommendation/reference.
- Please write a brief paragraph explaining these two topics;

***"Why I Chose the Medical Field for My Career"
And
"How Receiving This Scholarship Would Have a Positive Influence on My
Life"***

By signing this application you are certifying the information you provided is accurate and not to be misleading.

Signature: _____

Date: _____



THE MONONGAHELA VALLEY HOSPITAL "HEALTHY HELP" SCHOLARSHIP INSTRUCTIONS/CONDITIONS

1. Students interested in being considered for the scholarships should read and complete the application in its entirety.
2. Two scholarships will be awarded to students enrolling in the *fall* semester at Douglas Education Center in any of the following Medical Programs: Medical Assistant, Health Information Technology, Medical Unit Clerk, or Medical Billing Clerk.
3. The scholarships are "need based" therefore applicants must submit a Free Application for Federal Student Aid before eligibility can be determined. *FAFSAs must be submitted to the Department of Education at least two weeks prior to the August 1st due date to allow for processing time.*
4. Scholarship applications are due in the Financial Aid office at Douglas Education Center on or before August 1 of each year. Within two weeks of the due date the scholarship committee will determine the recipients of the scholarships. The scholarship winner must return the scholarship acceptance form indicating that they wish to accept the scholarship within ten (10) days of receiving the letter.
5. The \$2500 scholarships will be disbursed in equal payments for the number of semesters applicable toward the recipients chosen program. They are renewable for only the total number of semesters it takes to successfully complete the program.
 - Recipients must maintain satisfactory academic progress as determined by their attendance and class grades.
 - The scholarship can not be transferred to another student, be exchanged for cash or used at any school other than Douglas.
 - Scholarships must be used for the semester awarded. If none of the applicants meet the criteria for the scholarships they may go unrewarded.
 - Scholarships will be forfeited upon the student's withdrawal from school or program change.
 - All rules and regulations of the school apply to scholarship recipients.

Reasons for disqualifying applications:

- Missing or incorrect information including the required written paragraph and two letters of reference
- Non-submission of a FAFSA for the current award year
- FAFSA was submitted but remains invalid by the date of the deadline
- Applications submitted past the due date
- Income information exceeds the federal guidelines for determining need
- Applicant has provided known false or misleading information