

FOUNDATION for Seacoast Health

FOR OFFICIAL USE

DATE RECEIVED

CANDIDATE #

100 Campus Drive, Suite One ♦ Portsmouth, NH 03801 (603) 422-8200 ♦ Fax (603) 422-8207 ♦ email fsh@communitycampus.org

SCHOLARSHIP PROGRAM APPLICATION SUBMISSION DEADLINE~ April 1st

STUDENT NAME

Last First MI

PERMANENT RESIDENCE

Street

City State Zip

E-MAIL ADDRESS

PREFERRED MAILING ADDRESS

Street

City State Zip

CURRENT TELEPHONE

Home Mobile School

SOCIAL SECURITY

Date of Birth Female Male

STUDENT STATUS (check one)

Graduate Undergraduate Non-Degree Traditional *Non-Traditional

Check One: Full-Time **Part Time

If you are a non-traditional* (an individual returning to school after an extended absence) or a part-time** student please answer the following:

*Non-Traditional Part Time (**minimum of 8 credits per semester to qualify**)
_____ No. of Years Since Last Enrolled _____ No. Credits/Semester

EDUCATIONAL INFORMATION

Current or proposed health-related field of study _____

Name and address of **college/graduate/medical school** you are presently attending (or expect to attend):

School _____ City _____ State _____

Projected year in program, beginning in September of application year: ()1st ()2nd ()3rd ()4th ()5th

Total Years in Program _____ Expected Graduation Date _____ Degree to be Awarded _____

What is your current cumulative GPA? _____

Please attach a copy of your most recent cumulative transcript

REQUIRED TEST SCORES

Graduate	MCAT, GMAT, or GRE. (Millers Analogy not accepted as substitute)
Undergraduate	SAT, ACT, or NLN
High School Seniors	GPA and SAT or ACT

Attach official copy of most recent test scores. Scores older than 5 years are inadmissible for traditional students. Non-traditional students (individuals returning to school after an extended absence) should contact the Foundation for Seacoast Health office regarding test scores. **Test scores are required for FSH scholarship considerations EVEN if school does not require same.**

SUPPLEMENTAL INFORMATION

Attach a detailed resume which includes: (Graduating High School seniors may submit pages 3 and 4 of the Common Application.)

- Schools attended with Graduation Dates
- Any notable awards, honors, or citations received
- All volunteer activities employment experience, positions held, & names of employers

PERSONAL INFORMATION

1. Explain why you have chosen to pursue your health-related field of study or career.

2. Give evidence of the likelihood that you will be returning to the NH/ Southern ME seacoast area to work after completing your health-related studies.

3 Please explain any extenuating academic, personal, or financial circumstances that you wish the Scholarship Committee to consider when evaluating your application.

4. How did you hear about the Foundation for Seacoast Health Scholarship Program?

ESSAY

You have two choices to fulfill the essay requirement. Essays will be judged for clarity of thought, legibility, and academic presentation. **All essays must include credible research data with correctly cited works or sources.**

1. Attach a typewritten research essay of 500 words or less about an issue related to your chosen health-related field of study; or,
2. You may submit an edited, typewritten version of a health-related research paper that you submitted within the past year for a course in which you were enrolled. **The name of the course title, professor/instructor, and academic institution must be identified on the cover sheet of the submitted paper.** The edited version must adhere to the 500 words or less requirement.

ESTIMATED SCHOOL COSTS

Tuition		Fees	
Books and Supplies		Transportation to/from home if commuting	
			Room & Board
			Health Insurance

What is your family's EFC, from the FAFSA? \$ _____

Please attach an electronic copy of your Confirmation Page of your FAFSA report if completed.

The Foundation for Seacoast Health Scholarship Program offers one-year scholarships, to graduate and undergraduate students, who are pursuing health-related fields of study. Recipients will be selected on a competitive basis with highest priority being given to **ACADEMIC ACHIEVEMENT**, exemplified by class rank, GPA, test scores, & course difficulty and **FINANCIAL NEED**.

In order to be eligible the applicant continuously must have been and continue to be a resident of one of the following communities (Portsmouth, North Hampton, Greenland, Rye, Newington, New Castle, New Hampshire; or Kittery, Eliot, or York, Maine)

BY SIGNING THIS APPLICATION FORM, I HEREBY AUTHORIZE THE INSTITUTION I WILL ATTEND TO RELEASE INFORMATION ON MY FINANCIAL AID AND MY PROGRAM OF STUDY TO THE FOUNDATION FOR SEACOAST HEALTH AND I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CURRENT AND ACCURATE.

I UNDERSTAND THAT IF I RECEIVE OTHER SCHOLARSHIP AWARDS, I MUST NOTIFY THE FOUNDATION FOR SEACOAST HEALTH IMMEDIATELY. FAILURE TO DO SO MAY JEOPARDIZE MY CURRENT FOUNDATION FOR SEACOAST HEALTH SCHOLARSHIP AWARD AND THE OPPORTUNITY TO BE CONSIDERED IN THE FUTURE.

Student's Signature

Date