



**Schuylkill Haven Lions Community Charities, Inc.  
Healthcare Scholarship Fund Application**

Schuylkill Area Community Foundation will award scholarships annually to eligible students who are employees or volunteers of the Schuylkill Haven Area EMS or graduates of the Schuylkill Haven or Blue Mountain School District to attend institutions of higher education majoring in a healthcare related field that includes but is not limited to Emergency Medical Technician, Paramedic, Nursing, Laboratory Technician or other Allied Healthcare discipline.

**APPLICATION DEADLINE DATE IS APRIL 1**

Please complete and attach a copy of the following to this application:

- Letter of acceptance to a healthcare training program for the coming year or
- Letter of current enrollment and attendance in an ongoing healthcare training program
- EMS certifications
- Letter of recommendation from a physician or allied health professional
- Letter of character reference
- Statement of why you wish to pursue a career in healthcare.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Major or Course of Study:** \_\_\_\_\_

**Name of Post-Secondary School:**

\_\_\_\_\_  
**Address:**

**Phone:** \_\_\_\_\_ **Acceptance Date:** \_\_\_\_\_

**Education (please list all schools attended, programs taken, degrees and GPAs):**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment History**

Please provide your employment history Please include dates, positions held and a brief description of responsibilities:

<b>Employer</b>	<b>Address</b>	<b>Dates</b>	<b>Position</b>	<b>Description</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list your three (3) strongest personal traits:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above application has been read and the statements are true and correct to the best of my knowledge and ability. I understand that any misrepresentation or false statements or omissions of facts may be cause for rejection of my application or require me to repay the entire amount of the scholarship.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail application with all required attachments to the following address by April 1:**

Schuylkill Area Community Foundation  
Schuylkill Haven Lions Scholarship Committee  
216 S. Centre Street  
Pottsville, PA 17901

Thank you for your application.

**Scholarship applications that are incomplete or do not meet the deadline will not be considered.**