



Gallagher Student Health Careers Scholarship Program 2015 Application- Informational Sheet

[HTTP://WWW.HEALTHCAREERSSCHOLARSHIP.ORG](http://www.healthcareersscholarship.org)

Since 2001, the Gallagher Koster Health Careers Scholarship Program has provided outstanding students with the financial assistance they need to pursue their health-related career. Open to higher education students entering their junior and senior year of Undergraduate study, the scholarship program continues to grow in both the number of scholarships offered each year and the amount of each scholarship. Each recipient is selected by the Scholarship Program Board of Directors, and each recipient both demonstrates the program standards, which include: a strong motivation to pursue a healthcare career, academic excellence, a dedication to community service, and a need for financial support of their education.

*This sheet is provided as a printable reference about the Scholarship Program. Please visit <http://www.healthcareersscholarship.org> for full details on eligibility and requirements in including our responses to Frequently Asked Questions.

APPLICATION FINAL DUE DATE:

May 8, 2015

Number of Scholarships to be awarded this year: 6

Award Amount: \$7,500 each, payable in 2 installments (Fall and Spring)

Our application is ONLINE ONLY, and no paper copies are available. Please note that you must take the following steps to ensure your application is complete. Incomplete applications will not be considered.

1. Complete the online application form at <http://www.healthcareersscholarship.org>. Your application is not considered complete until you receive a confirmation number! You will need the following information to fill out the online application:
 - Your contact information for Summer, 2015
 - Your current institution name, graduation date, and information on your major area of study
 - Your financial aid advisor's name and contact information
 - 3 Examples of your civic engagement
 - Essay that describes the following:
 - Who are you? What are your interests?
 - What are your reasons for pursuing a career in healthcare?
 - How would this scholarship help you to achieve your career goals?

Please note that this written submission is a very important component of the selection process. The submission is used by the Scholarship Board of Directors to distinguish among many worthy candidates, so your thoughtful insights and perspectives are critical.

2. Mail in the following materials to the address below before the deadline:
 - Financial Aid Form
 - Available to be downloaded from our website. This document MUST be filled out by a Financial Aid representative from your school. If you are selected as a potential winner, this information will be verified.
 - 2 Letters of Recommendation
 - At least one letter must be from a Professor or Faculty Advisor.
 - Transcripts
 - An OFFICIAL copy transcript from the Registrar's Office at your school. Students who have transferred must provide transcripts that show work from all previous institutions.

ALL OF THE ABOVE DOCUMENTS ARE TO BE MAILED TO:

Gallagher Student, Attn: Scholarship

500 Victory Road, Quincy MA 02171

Or Fax: 617-479-0860 Attn: Scholarship

Questions not answered on the website should be sent to: Scholarship@gallagherstudent.com

Health Careers Scholarship Program

**6 Applicants will be Selected
to Receive Scholarships of
\$7,500 each**



You May Qualify if You Meet the Following:

- Are an Undergraduate Student at an accredited Institution
- Are Pursuing a Health-Related Career
- Are Beginning the 3rd or 4th year of your 4-year Program in Fall 2015
- Volunteer with Community/Campus Service Organizations
- Show a Strong Dedication to the Health Care Field
- Have a Minimum GPA of 3.0
- Demonstrate Financial Need

For More Information or to Apply, Visit:
<http://www.healthcareersscholarship.org>

Application Deadline:
May 8, 2015



Gallagher

STUDENT HEALTH & SPECIAL RISK

Health Careers Scholarship Program

Financial Aid Information Form

2015-2016

Please complete the appropriate sections to reflect your anticipated (or current) Financial Aid. **This form must be signed by your Financial Advisor or other University Financial Administrator to be valid.** All information submitted in this form is subject to verification. PLEASE NOTE THAT THIS FORM, ALONG WITH ALL OTHER MATERIALS **MUST BE RETURNED TO GALLAGHER STUDENT BY THE MAY 8, 2015 DEADLINE** FOR THE STUDENT'S APPLICATION TO BE CONSIDERED COMPLETE.

Student Name			
	Last	First	MI
College Name			
Student Signature			
<i>Student's signature authorizes the Financial Aid Office to release the information requested below, and authorizes Gallagher Student to confirm and/or clarify financial aid and eligibility information with the institution</i>			Date

Information provided below for the above-named student is financial information for (check one)

☐

Current 2014-2015

☐

Estimated 2015-2016

Cost of Attendance (COA)

Tuition and Fees _____
Room and Board _____
Books and Supplies _____
Personal _____
Transportation _____
Health Insurance _____
Other _____

TOTAL COA

Financial Aid Awarded

PELL Grant _____
SEOG _____
State Grant _____
Scholarships _____
Other _____

Loans

Perkins _____
Direct _____
Plus _____
Institutional _____
Other (Specify) _____

Notes from Financial Aid (if any):

Family Financial Information (EFC)

Parent EFC _____
Student EFC _____

TOTAL EFC

TOTAL AID/LOANS

Income

Parents' Adjusted Income _____
Earned Income _____
 Father _____
 Mother _____
 Student _____

Please return form to Student or send directly:

Mail: Gallagher Student attn: Scholarship
500 Victory Rd, Quincy MA 02171
Fax: (617) 479-0860 attn: Scholarship
E-Mail: scholarship@gallagherstudent.com

Financial Aid Officer's Signature

Telephone Number

Date

Name and Title (printed)

E-mail

For more information visit: <http://www.healthcareersscholarship.org>