



Gallagher Student Health Careers Scholarship Program 2018 Application - Information Sheet

WWW.HEALTHCAREERSSCHOLARSHIP.ORG

Since 2000, the Gallagher 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 or senior year of their first four year degree, 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 www.healthcareersscholarship.org for full details on eligibility and requirements, including our responses to Frequently Asked Questions.

APPLICATION FINAL DUE DATE:	May 7, 2018
Number of Scholarships to be awarded this year:	6
Award Amount:	\$7,500 each, payable in 2 installments (Fall and Spring)

The actual scholarship 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 www.healthcareersscholarship.org. Your application is not considered complete until you receive a confirmation number!
2. **Mail or email the following materials in a complete packet** to the address below before the deadline:
 - **Essay**
 - Your essay should answer the following questions:
 - 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 essays must remain under 500 words and include your name, school name and confirmation number in the header. 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.
 - **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, and no family references. Letters must be written on the establishment's letterhead.
 - **Transcripts**
 - An OFFICIAL copy of your transcript(s) from the Registrar's Office of each school attended. Students who have transferred must provide transcripts that show work from all previous institutions.

ALL OF THE ABOVE DOCUMENTS ARE TO BE SENT IN A COMPLETE PACKET TO:

Gallagher Student, Attn: Scholarship
500 Victory Road, Quincy MA 02171
Or by Email: Scholarship@gallagherstudent.com

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

**APPLICATION
DEADLINE
MAY 7, 2018**

HEALTH CAREERS SCHOLARSHIP

6 AWARDS

\$7,500 EACH

You may qualify if you meet the following requirements:

- Pursuing a Health-Related Career
- First-time undergraduate student beginning the 3rd or 4th year of a 4-year Program in Fall 2018
- Volunteer with Community/Campus Service Organizations
- Show a Strong Dedication to the Healthcare field
- Have a Minimum GPA of 3.0
- Demonstrate Financial Need

**Completed Packets ONLY
will be considered**

- Online Application
- Mailed or emailed packets should include: Essay, Financial Aid Form, Two Letters of Recommendation, Official Transcripts

TO APPLY GO TO:

www.healthcareersscholarship.org



**Health Careers Scholarship Program
2018-2019 Financial Aid Information Form**

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 IN ONE PACKET BY THE MAY 7, 2018 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 2017-2018

☐

Estimated 2018-2019

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. Student must submit this form in a complete packet with all other scholarship materials.

Financial Aid Officer's Signature

Telephone Number

Date

Name and Title (printed)

E-mail

For more information visit: www.healthcareersscholarship.org