



Gallagher Student Health Careers Scholarship Program 2016 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 6, 2016
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:
 - o Your contact information for Summer, 2016
 - o Your current institution name, graduation date, and information on your major area of study
 - o Your financial aid advisor's name and contact information
 - o 3 Examples of your civic engagement
 - o 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
 - o 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
 - o At least one letter must be from a Professor or Faculty Advisor.
 - Transcripts
 - o 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 2016
- 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 6, 2016**



Gallagher | STUDENT HEALTH & SPECIAL RISK

**Health Careers Scholarship Program
Financial Aid Information Form
2016-2017**

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 6, 2016 DEADLINE** FOR THE STUDENT'S APPLICATION TO BE CONSIDERED COMPLETE.

Student Name					
	Last	First	MI		
College Name					
Student Signature					Date
<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>					

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

Current 2015-2016

Estimated 2016-2017

Cost of Attendance (COA)

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

TOTAL COA

Family Financial Information (EFC)

Parent EFC _____
 Student EFC _____

TOTAL EFC

Financial Aid Awarded

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

Loans

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

Notes from Financial Aid (if any):

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>