

Health Professional Scholarship Application Checklist 2019

Submit your completed application package to The Community's Foundation office.

Application packages must be received by

5:00 p.m. Friday, November 8, 2019.

Enclose the following items in your application package. Incomplete applications will not be reviewed. See application instructions for more details.

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- ☐ High School Transcripts & Current Class Schedule
- ☐ SAT and/or ACT Scores
- □ Written Recommendations (2)
- □ Essay
- ☐ High School Profile (including average SAT/ACT Scores, number in senior class and percentage attending a four-year college)

Deliver, Mail or E-mail Applications to:

The Community's Foundation 900 W. Sproul Road, Suite 101 Springfield, PA 19064 info@TCFhelps.org

<u>Questions – call or e-mail</u>: 610-461-6571 or info@TCFhelps.org

THE COMMUNITY'S FOUNDATION

Dear Student:

Thank you for your interest in The Community's Foundation ("TCF") scholarship program. TCF Scholarships are awarded to selected individuals who:

- 1) will major in a human health profession; and
- 2) live in the historic TCF Service Area.

Historic TCF Service Area

Collingdale Borough	Darby Township	Eddystone Borough
Folcroft Borough	Glenolden Borough	Morton Borough
Nether Providence Borough	Norwood Borough	Prospect Park Borough
Ridley Township	Ridley Park Borough	Rose Valley Borough
Rutledge Borough	Sharon Hill Borough	Springfield Township
Swarthmore Borough	Tinicum Township	

This \$7,000 scholarship will be distributed as follows:

- \$3,500 is distributed in the first year of undergraduate education, and
- \$3,500 may be distributed in the final year of undergraduate education.

Requirements: The application form has three (3) parts.

- Part A Contact, college, and activity information to be completed by the student.
- **Part B** The requirement for transcripts, SAT and/or ACT scores, and **no more than two** recommendations **most relevant** to your future as an human health professional.
- **Part C** An essay written by the student which answers the following question:

 Essays should be no more than two pages and will be scored based on content, mechanics, style, and originality.

Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you. Describe how your topic has influenced your decision to pursue an undergraduate curriculum in a human health field.

Timeline:

- Applications are due by 5:00 p.m. on November 8, 2019.
- Students may be scheduled for an interview based upon their scores on Parts A, B, and C. Interviews will likely be conducted in December 2019 and January 2020.
- Announcement of scholarship recipients is expected to be made during February 2020.
- Initial scholarship payments are made to the college/university after June 30, 2020 for the 2020-2021 academic year.

Sincerely,

Heather Finnegan Executive Director

Kurt J. Slenn Chief Financial Officer Terri L. Douthett Operations Manager

www.TCFhelps.org

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Telephone: 610-461-6571

e-mail: info@TCFhelps.org



TCF SCHOLARSHIP APPLICATION

It is the student's responsibility to ensure that the scholarship application is received in its entirety at the foundation office on or before the due date. Any application received after Friday, November 8, 2019 will not be considered. Incomplete applications or applications missing pertinent information will not be considered.

PART A – PERSONAL DATA

The applicant must print all requested into I hereby apply for The Community's Fou	C	•		
Last Name	First Name		Middle Name	
	Home A	Address		
City	State		Zip Code	
Names of Parents/Guardians	Parents/Guardians E-Mail		Parents Phone Number	
Applicant's E-Mail	Applicant's Cell Phone		High School	
Date of Birth	Gender		Graduation Date	
How did you learn about the TCF schol	arship?			
Are you Hispanic or Latino descent?	□ Yes	□ No	☐ Prefer not to respond	
Regardless of your answer to the prior qu American India Asian or Pacifi Black or Africa White or Cauca Prefer not to re	an or Alaska Na c Islander an American asian	•	a identify yourself. (Select one or more)	

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what academic and car	reer plans do you nope	to pursue?		
Intended Majo	or			
Intended Care	er Goal			
Name of Colle	ege (1st Choice)			
Name of Colle	ege (2 nd Choice)			
	nding required to comp n the Fall 2020 term).	olete your undergraduat	e degree	
□ one	□ two	☐ three	□ for	ur
Will you be attending a	as a full or part-time st	udent?		
☐ full-	time student	□ part-time stu	dent	
Include an average nur sheet of paper.)			pace is requir	ear, school year, summer, etc.) red, please attach a separate
Activity	C 11		Hours	Per Week/Month/Year
Example: Soccer	· – fall season		10	Per Week
		ties have you participat eparate sheet of paper.)	ed over the l	ast four (4) years? (If
Activity			Hours	Per Week/Month/Year
Example: Hospit	al Volunteer – summer	months	50	Per year
		montins	30	1 ci yeai
		monins	30	1 or your
		monins	30	1 or your
		montins	30	1 or your
		monuns		1 or your
		monuns		

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CERTIFICATION

By signing below, I attest and affirm that all statements on this application are true and correct and that the essay is the result of my own work and reflects my own ideas. I agree to accept the decision of the judges as final. I further agree that the essay submitted for judging purposes will become the property of The Community's Foundation and that The Community's Foundation at its discretion may use it in whole or part. Should I be awarded a scholarship, I agree to the use of my name and likeness in foundation publications, and I agree to apply scholarship funds to school-related expense.

I have personally requested my most recent transcripts and any applicable school, work, or other written

recommendations.			, ,	
	Signature of Ap	plicant		Date
Additional Signature of Parent or Guardian (if applicant is under age 18)				Date

SCHOLARSHIP EXCLUSION POLICY

The following categories of individuals and their immediate families are not eligible for assistance from The Community's Foundation ("TCF") scholarship or grant programs if any of the relationships outlined below exist at the time the scholarship or grant is awarded. Immediate family includes spouses, children, stepchildren, grandchildren and step-grandchildren.

- 1. Regular full-time and part-time employees and per diem personnel are not eligible for assistance from any TCF fund.
- 2. **Members of the Board of Directors** of the foundation are *not* eligible for assistance from *any* TCF fund.
- 3. **Previous Applicants** for the TCF Scholarship may not reapply the next consecutive year. Applicants are eligible to reapply after a one-year hiatus.

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Confidential

REQUIRED SUPPLEMENTAL MATERIALS FOR TCF SCHOLARSHIP APPLICATION

<u>Applicants</u> — Please provide your most recent high school or college transcripts and **no more than two** school, employer, or other written recommendations most relevant to your future as an allied health professional.

Records Release

As an applicant for The Community's Foundation Scholarship, I hereby request that you, as my high school representative, provide the required paperwork directly to TCF or to me for submission to TCF as soon as possible.

I understand that my attendance and discipline records may be released to The Community's Foundation for consideration.

Ciamatuma	of Amore	licant
Signature	OI App	ncam

Date

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Note to school representatives:

This is an extremely competitive process and submission of recommendations and transcripts may make the difference between success or failure in this process.

Please include School Profile including but not limited to average SAT/ACT scores, number of students in senior class, number of students attending a four-year college.

In order for the candidate to be considered for an award, this information must be received by the committee by 5:00 p.m., Friday, November 8, 2019.

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