

**SCHOLARSHIP APPLICATION**  
**COMMUNITY HEALTH PARTNERS REGIONAL FOUNDATION**  
*Application deadline: April 20, 2009*

**Instructions** - Type or fill out the application in ink (PRINT CLEARLY). Do not write in pencil. Answer every question. Mail applications to CHPR Foundation – 3700 Kolbe Road – Lorain, Ohio 44053. We will not accept applications by e-mail or fax. It is your responsibility to ensure that the application packet is complete, as incomplete applications will NOT be accepted.

**In addition to this form, your Application Packet must contain:**

- Academic Records.**  
College Students - Enclose an official transcript from your present or most recently attended school.  
High School Students - Enclose a copy of your most recent Report Card or a copy of your ACT and/or SAT score report.  
Applicants who have been out of school for over five years and are unable to obtain transcripts must indicate so, by checking the following line. \_\_\_\_\_
- Letters of Recommendation.** All scholarship applicants must obtain at least one letter of recommendation. Letters can be from teachers, clergy, employers, etc. **Patterson and Price Scholarship applicants must obtain at least one letter of support from their immediate department supervisor.**
- A Personal Statement.** A personal statement in two pages or less, preferably typed and should include information that would help us in knowing you and in determining your eligibility or need. Discuss your reasons for choosing your professional goals and what you expect to accomplish as a result of this award (e.g. medical profession, etc.), what motivates you to put forth the greatest effort, and your long range plans after graduation. You may also include all extracurricular activities in which you participate or volunteer.
- A recent photograph.
- Applicants, who received a scholarship from the CHP Regional Foundation during the past three (3) years, please report on activities related to your scholarship during the last year and the implications for the future.
- Prior to awarding the Paul C. Balcom Scholarship, the applicant's parents may be required to forward a copy of their Federal Tax Return to the CHP Foundation Office to ensure eligibility.

*Please Note: Scholarship money may be used for tuition, books, required lab fees and/or required supplies such as stethoscopes, etc. Money must be used before the end of the scholastic year in which the award was given.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

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

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**CHP EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Credentials: \_\_\_\_\_ Dept. Name/#: \_\_\_\_\_ / \_\_\_\_\_ Ext. #: \_\_\_\_\_

Status: \_\_\_\_\_ Full Time      LENGTH OF SERVICE Years \_\_\_\_\_ Months \_\_\_\_\_ Shift \_\_\_\_\_  
          \_\_\_\_\_ Part Time  
          \_\_\_\_\_ PRN (Working a minimum of 120 hours per quarter is required.)

**Applying for: (check one)**

- Paul C. Balcom Scholarship**  
 **Francis Patterson, M.D. Memorial Scholarship**  
 **Velma J. Price Memorial Scholarship**

