



## **Scholarships Sponsored by the Armstrong Center For Community Learning and the Armstrong County Health Care Consortium**

### **2023 Scholarship Award Application Information**

#### ***Requirements***

1. The Armstrong County Health Care Consortium will be giving up to \$4,000 in scholarship awards. The minimum scholarship award will be for \$1,000. The scholarships may be awarded to a graduating high school senior who has been accepted in a health care education program, to an individual currently working in a health care setting and attending a health care education program, or to the general public. For the currently working in the health care setting category, applicants must be employed in a health-related position on the due date of the application. Employment may be at full-time, part-time, or casual status. Evidence of meeting this requirement will be demonstrated in the application and by the employer's statement.
2. Applicants must work or live in Armstrong County. Place of employment will be considered first and residence second. Evidence of meeting this requirement will be demonstrated in the application and/or by the employer's statement.
3. Incumbent worker applicants must be enrolled in the health-related classes of their major course of study (not prerequisites or remedial courses) on or before the due date of the application. They must be pursuing a degree, diploma, or certificate in a post-secondary health care education program. Evidence of meeting this requirement will be documented by a class schedule or a transcript from the school. For high school seniors, evidence will be documented by an acceptance letter from the school.
4. Applicants must submit an essay describing his/her motivation to obtain a degree, diploma, or certificate. Applicants should describe their plans after graduation, career goals and how their post-secondary education will benefit themselves, employers, patients, or community. Other topics that may be addressed are leadership accomplishments, obstacles the applicant has overcome, and special talents. Specifications for the essay are below. Failure to meet these specifications may be cause for disqualification at the discretion of the Selection Committee.
  - a. Typed, no longer than one page, single spaced, in a 10 or 12 point font
  - b. The applicant's name must be typed at the top of the page.
  - c. The essay should use proper grammar and correct spelling.

#### ***Selection***

1. Members of the Armstrong County Health Care Consortium will serve on the Selection Committee. They will review all complete applications from qualified individuals.
2. Incomplete applications will not be considered. To be complete, the application must include
  - a. Completed application
  - b. The applicant's portion signed by the applicant
  - c. The one page essay
  - d. A class schedule, transcript, or acceptance letter
  - e. The signed employer's statement (if applicable)
  - f. Signed letter of reference if you are a high school senior
  - g. The signed statement from the Office of Financial Aid (High school seniors should estimate costs)

3. The Selection Committee will evaluate each application based on the quality of the essay including career goals, achievement in school including grade point average, the recommendation of the employer, and financial need.
4. Only those selected to receive awards will be notified. Notification will be done by mail.
5. The decisions of the Armstrong County Health Care Consortium are final.
6. The responsibility for the taxability of the award remains with the recipient.

***Submission***

1. The complete application must be received by 4:00 p.m. on the due date. It can be mailed or delivered by hand. Place the application in a 9" X 12" or larger envelope and do not fold any pages.
2. Late applications will not be considered.
3. The applicant is solely responsible for making certain that all required parts and forms have been submitted. The Selection Committee will not notify applicants of missing documents.
4. Inquiries may be addressed to the Paul Weifenbaugh, TCWIB Assistant Director at [pweifenbaugh@tricitywib.org](mailto:pweifenbaugh@tricitywib.org).
5. Submit the application to  
Paul Weifenbaugh  
Tri-County Workforce Investment Board, Inc.  
112 Hollywood Drive, Suite 201  
Butler, PA 16001

**Due date: April 21, 2023 by 4:00 p.m.**



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Scholarship Award Application

To be completed by the applicant:

PART I (To be filled out by all applicants)

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of School for Health Profession \_\_\_\_\_

Current G.P.A. (if applicable) \_\_\_\_\_

Major Course of Study \_\_\_\_\_ Current Year of Study \_\_\_\_\_

Degree, credential, or certificate on graduation \_\_\_\_\_

Total Cost of Program \_\_\_\_\_

Are you currently receiving monies for education and/or related expenses as a result of other scholarship programs or grants? Please specify sources.

\_\_\_\_\_  
\_\_\_\_\_

Have you received or will you receive tuition reimbursement from your employer? If so, what does your employer require for you to receive this benefit?

\_\_\_\_\_  
\_\_\_\_\_

When your course of study is completed, what are your career plans and goals?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any outside interests, volunteer work, club memberships or hobbies? If so, please explain: \_\_\_\_\_

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**PART II (To be filled out only if you are currently working in a health care setting)**

Employer name \_\_\_\_\_ Phone \_\_\_\_\_

Employer address \_\_\_\_\_

Years with this employer \_\_\_\_\_ Your current position or job title \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's email \_\_\_\_\_

Supervisor's phone \_\_\_\_\_

**PART III (To be filled out only if you are a high school senior)**

Name of High School \_\_\_\_\_

Current G.P.A. \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please include a letter of reference from a teacher or employer.***

**Part IV (To be filled out by all applicants)**

*I certify that the information contained herein is true and correct to the best of my knowledge.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Due date: April 21, 2023 by 4:00 p.m.**

**Armstrong County Health Care Consortium Application  
To be completed by the Employer: (if applicable)**

Applicant's name \_\_\_\_\_

Employer \_\_\_\_\_ Employer FEIN \_\_\_\_\_

Applicant's job title \_\_\_\_\_ Years in your employ \_\_\_\_\_

Do you plan to continue employing the applicant after graduation?

Do you provide tuition reimbursement or other financial benefit for the applicant to earn his/her degree, diploma, or certificate? If so, please describe:

Please choose one statement below based on your knowledge of the applicant, his/her motivation to learn, and work performance including customer service.

- Highly recommend this applicant
- Recommend this applicant
- Recommend this applicant with reservation
- Do not recommend this applicant

Briefly explain your selection: \_\_\_\_\_

\_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Job title \_\_\_\_\_ May we contact you if we need more information? \_\_\_\_\_

Email \_\_\_\_\_ Daytime phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Armstrong County Health Care Consortium Application**  
**PART III-To be completed by School/College Official/Office of Financial Aid**

**(Should be estimated if you are still Selecting Schools)**

Applicant's Name \_\_\_\_\_

School/College \_\_\_\_\_

Degree, diploma, or certificate earned upon graduation \_\_\_\_\_

GPA(if applicable) \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Total Tuition /Fees costs for the Current Year..... \$ \_\_\_\_\_

Financial Aid (include all sources)..... \_\_\_\_\_

Unmet Costs/Student Contribution..... \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
School Official Signature