



# **Healthcare Scholarship**

**(From the Jersey Shore School Education Foundation)**

## **Application/Nomination Materials**

## Healthcare Scholarship Criteria

1. **The applicant must be a graduating senior at Jersey Shore Area High School.**
2. **Recipients will be chosen from applicants who plan to attend college majoring in the field of Healthcare. It is expected that the applicants will be accepted and continually enrolled at an institution of higher learning.**
3. **The applicant must be enrolled in a career, vocational, technical college or a four-year college/university studying in a technical field or in an academic setting. Documentation of such enrollment is required before scholarship awards are paid to the student's account at the applicant's institution.**
4. **Awards are one-time award and are not renewable. Awards for 2024-2025 are anticipated to be for two recipients and will be \$1000 each. One award will be for a student entering into a four-year program and one award for a two-year program (minimum Associate degree). The number of awards and amounts of awards are not guaranteed and are subject to change at the discretion of the Foundation.**
5. **Official Jersey Shore Area High School transcript with most recent marking period, showing class rank and SAT scores, college acceptance letter with major program identified must accompany the application.**
6. **The primary intent of the scholarship is to acknowledge the applicant's academic achievements, character, and community contributions of the applicant. Financial need of the applicant may be a consideration.**
7. **Student scholarship winners authorize the use of the student's photograph on any form of Foundation communication that identifies the awarding of a student scholarship.**
8. **Write an essay (300-500 words) that answers the following questions:**
  1. **What are your career goals?**
  2. **Why have you chosen this particular field of study?**

# Overview of Application/Nomination Procedures

1. The Student Information portion of the Application/Nomination forms must be complete.
2. One letter of recommendation must be submitted with the application.
3. All materials must be submitted to the high school guidance office no later than NOON on Thursday, March 27, 2025.
4. The forms may be filled in electronically. BE SURE TO SAVE THE DOCUMENT TO YOUR OWN DISK, FLASH DRIVE, HARD DRIVE OR OTHER LOCATION.
5. SUBMIT COMPLETED APPLICATIONS TO THE GUIDANCE OFFICE.

# Student Information

Follow instructions carefully, and answer all questions completely.

## I. Identifying Information

First name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ ☐ Male ☐ Female

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

## II. Post-Secondary Goals

## III. JSSEF scholarships intend to recognize outstanding character and positive contributions to others and the community. Write at least one paragraph describing your character and contributions – why should you be considered for this scholarship?

## IV. Where do you see yourself professionally in ten years?

Student Signature: \_\_\_\_\_

Date:     /     /

## Guidance Counselor Portion

1. The guidance counselor must attach a copy of the student's official transcript.
2. The guidance counselor must complete the evaluation portion of the Application/Nomination form.

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### Applicant/Nominee Information

First name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

After reviewing the criteria for the Healthcare Scholarship and considering my knowledge of and experience with this student I:

☐ strongly recommend.

☐ recommend.

☐ do not recommend.

☐ insufficient basis for a recommendation.

In your opinion what is the student's likely candidacy for other scholarships?

Comments: (optional)

\_\_\_\_\_  
Guidance Counselor's name

\_\_\_\_\_  
Guidance Counselor's signature

\_\_\_\_\_  
/ /  
Date

Please remember to attach an official high school transcript for this student.