

**GENERAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 College Name \_\_\_\_\_  
 College Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
 First application to LHAS? Yes \_\_\_\_\_ No \_\_\_\_\_  
 When did you volunteer at UPMC? \_\_\_\_\_  
 In what areas did you volunteer? \_\_\_\_\_  
 Number of volunteer hours \_\_\_\_\_ Are you interested in a health-related field? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what field? \_\_\_\_\_

**ACADEMIC INFORMATION**

***For high school students***

High School \_\_\_\_\_ Class Rank \_\_\_\_\_ QPA \_\_\_\_\_  
 Program: Regular \_\_\_\_\_ Scholars \_\_\_\_\_ Honors \_\_\_\_\_  
 College you plan to attend \_\_\_\_\_

***For college students***

School currently attending \_\_\_\_\_  
 Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 If part time, how many credits will you be taking each semester? :  
 Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ QPA \_\_\_\_\_  
 Field of study \_\_\_\_\_  
 Expected graduation date \_\_\_\_\_

**LADIES HOSPITAL AID SOCIETY - 2010 SCHOLARSHIP APPLICATION**  
**DEADLINE: MAY 14, 2010**

**FINANCIAL INFORMATION**

Do you work?:      Yes \_\_\_\_\_      No \_\_\_\_\_  
 If yes:              Summer \_\_\_\_\_      School Year \_\_\_\_\_      Year round \_\_\_\_\_

What is the marital status of your parents? (Circle one)  
 Married              Divorced              Separated              Mother Widowed      Father Widowed

Full names of parents \_\_\_\_\_

Please complete the following table:

|                                                                             | Student       | Mother        | Father        |
|-----------------------------------------------------------------------------|---------------|---------------|---------------|
| <b>Age</b>                                                                  |               |               |               |
| <b>Occupation</b>                                                           |               |               |               |
| <b>2009 Yearly Salary</b>                                                   |               |               |               |
| <b>2009 Total Interest &amp; Dividends</b>                                  |               |               |               |
| <b>2009 Untaxed Income</b><br>(specify source & amount)                     |               |               |               |
| <b>2009 Other Income</b><br>(specify source & amount)                       |               |               |               |
| <b>Will a tax return be filed for this person?</b><br>(Circle one for each) | Yes   or   No | Yes   or   No | Yes   or   No |

**EDUCATIONAL COSTS AND RESOURCES**

| Expenses         | xxxxxxxxxxxxxxxxxxxxxxxx | Resources             | xxxxxxxxxxxxxxxxxxxxxxxx |
|------------------|--------------------------|-----------------------|--------------------------|
| Tuition and Fees |                          | Parent Contribution   |                          |
| Room and Board   |                          | Student Contribution  |                          |
| Books / Supplies |                          | Scholarships / Grants |                          |
|                  |                          | Loans                 |                          |
|                  |                          | Others - specify      |                          |
| Total 1          |                          | Total 2               |                          |

Your anticipated deficit (total 1 minus total 2) \_\_\_\_\_

Amount of applicant's unpaid loans

Stafford \_\_\_\_\_

Perkins \_\_\_\_\_

LADIES HOSPITAL AID SOCIETY - 2010 SCHOLARSHIP APPLICATION  
DEADLINE: MAY 14, 2010

Other \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please type your answers on separate sheets of paper.

**a) For new applicants only**

Please write and attach an essay of 300 words or more on the following:  
"Why I chose to volunteer at UPMC and how I benefited from the community service experience."

**b) For repeat applicants**

Please write a paragraph or two about your academic progress this year and your academic plans for next year.

**c) For ALL applicants**

1. List any honors and awards earned in the last 2-3 years. Please specify dates.
2. Briefly list your involvement in community organizations, your extra-curricular activities, religious/secular and any volunteer work. Please specify duration of involvement.
3. Please explain any special family circumstances, including unusual expenses.

**REFERENCES**

Please list a UPMC staff member who is familiar with your work.

Name \_\_\_\_\_ Position \_\_\_\_\_

Hospital phone number and extension \_\_\_\_\_

**PARENT / GUARDIAN STATEMENT**

I \_\_\_\_\_, the parent / guardian of \_\_\_\_\_, the applicant, have read this application, verify its contents and consent to its filing with the Ladies Hospital Aid Society (LHAS) of Western Pennsylvania. Further, I agree that the decision of LHAS will be final.

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|                                   |                                |      |
|-----------------------------------|--------------------------------|------|
| PRINTED Name of Parent / Guardian | Signature of Parent / Guardian | Date |
|-----------------------------------|--------------------------------|------|

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|                           |                        |      |
|---------------------------|------------------------|------|
| PRINTED Name of Applicant | Signature of Applicant | Date |
|---------------------------|------------------------|------|

Mail application, tax return and transcript to:  
Ladies Hospital Aid Society of Western Pennsylvania  
Attn: 2010-2011 Scholarship Awards  
3459 Fifth Avenue, Pittsburgh, PA 15213-3241  
Main 412-648-6106 / Fax 412-692-2682 / LHASOffice@LHAS.net  
www.LHAS.net

1. The LHAS (Ladies Hospital Aid Society) scholarship shall be open to high school seniors who have volunteered for UPMC and who have fulfilled the scholarship committee requirements for LHAS Scholarships. Applicants shall be considered without regard to sex, race, religion or creed.
2. The scholarship is designated for teen volunteers interested in pursuing a career in a health-related field in a post-high school curriculum.
3. The scholarship shall be based on need, volunteer performance, academic achievement, and a minimum number of 100 volunteer hours; 50 hours at UPMC Montefiore, UPMC Presbyterian, or UPMC Shadyside and 50 hours spent volunteering for LHAS.
4. First time applicants shall apply no earlier than the end of their junior year in high school, but no later than April 24 of their senior year. The deadline for each re-applicant to submit materials is April 24, 2010. A current IRS tax return must also be submitted by all applicants no later than April 24, 2010.
5. A copy of the Letter of Acceptance from the chosen post high school institution must be sent to the Scholarship Committee by May 1, 2010.
6. Recipients continuing their education in a health-related field shall be eligible to apply for subsequent scholarships for the first four years leading to a health-related career, providing they have maintained an acceptable academic grade point average.
7. Scholarship applications will be mailed in February/March to all volunteers that are eligible. If you do not receive your application and feel you have met the qualifications, please contact Volunteer & Community Services.
8. THIS SCHOLARSHIP SHALL BE IN THE FORM OF A GRANT, NOT A LOAN.

**READ THE INSTRUCTIONS COMPLETELY BEFORE YOU FILL OUT YOUR APPLICATION.** We recommend that you make a copy of the blank application form to use as practice.

- Please type or print all answers legibly with a dark pen.
- **Please note the deadline – May 14, 2010**
- Answer every question thoroughly.
- Be sure to keep copies of your application, especially tax forms that you send to LHAS.
- Applicants will be notified by June 1, 2010 if they will be receiving an award.

### FINANCIAL INFORMATION

**You must submit copies of your parents' complete 2009 Income Tax Form 1040.** If applicable, please include all schedules.

### ADDITIONAL INFORMATION REQUIRED

- **You must include a copy of your transcript with your application.** The copy must be legible and free from any signs of tampering. The copy **MUST** include your CUMULATIVE average, as well as your last semester grades. For high school seniors, make sure the transcript includes both your weighted and unweighted QPA and class rank.
- All applicants must be interviewed by the hospital Director of Volunteer Services, who will contact you to set up the interview.
- **You must submit your acceptance letter from the school you plan to attend.** This applies to all high school seniors and any other students who are transferring to another institution.