

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 _____
 If yes, what field? _____

ACADEMIC INFORMATION

For high school students

High School _____ Class Rank _____ QPA _____
 Program: Regular _____ Scholars _____
 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 _____

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
Age			
Occupation			
2011 Yearly Salary			
2011 Total Interest & Dividends			
2011 Untaxed Income (specify source & amount)			
2011 Other Income (specify source & amount)			
Will a tax return be filed for this person? (Circle one for each)	Yes or No	Yes or No	Yes or No

EDUCATIONAL COSTS AND RESOURCES

Expenses	Resources
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 _____

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.

PRINTED Name of Parent / Guardian	Signature of Parent / Guardian	Date
PRINTED Name of Applicant	Signature of Applicant	Date

Mail, email or fax your application, tax return and transcript to:
Ladies Hospital Aid Society of Western Pennsylvania
Attn: 2012-2013 Scholarship Awards
3459 Fifth Avenue, Pittsburgh, PA 15213-3241
Main 412-648-6106 / Fax 412-692-2682 / LHASOffice@LHAS.net
www.LHAS.net