

**Pathways to Inclusive Health Care (PIHC) Scholarship Program  
Shriver Center/UMass Chan Medical School  
55 Lake Avenue North, Worcester, MA 01655  
(774)-455-6552**

**PIHC Scholarship Application Form**

**Personal Information**

**First Name**

**Middle Initial**

**Last Name**

**Date of Birth:**

**Gender:  
(Optional)**

**Male**

**Female**

**Please indicate your ethnic background (this information is used for statistical purposes only):  
(optional)**

**Present Address:**

**Street**

**City**

**State**

**Zip Code**

**Phone Number:**

**Home:**

**Cell:**

**Please indicate the best number at which to reach you:**

**Home**

**Cell**

**E-mail Address 1:**

**E-mail Address 2:**

**Emergency Contact Person:**

**Name**

**Address**

**Phone Number**

**How did you learn about the PIHC program?**

**Education Information**

**College/University Attended**

**Degree(s)**

**Major**

**Date of Degree**

## Work Information

### Work History (list most recent first)

Organization	Location	Position	Dates
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### Volunteer Work

Organization	Location	Position	Dates
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**Personal Statement**

On a separate sheet of paper, please write (type) a Personal Statement of your professional and personal philosophy, short- and long- term goals, and, how involvement in the PIHC Scholarship will help you achieve these goals. Make particular reference to your personal experience with or interest in children, families and persons with disabilities. Please describe how you have demonstrated a commitment to and/or the potential to support (either personally or professionally) vulnerable populations, particularly those with disabilities.

I certify that the information in this application is correct and accurate.

Signature:

Date:

**Completed PIHC Scholarship Application Form**

1. Personal Statement
2. Signature on the Professional Reference Form
3. Two professional references should complete and directly mail the Professional Reference Form to Pathways to Inclusive Health Care
4. Resumé
5. College and, if applicable, graduate school transcripts

**Please email PIHC forms to: [susan.swanson@umassmed.edu](mailto:susan.swanson@umassmed.edu)**

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