

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: eileen.crehan@umassmed.edu

Eileen Crehan, PhD
Pathways to Inclusive Health Care Scholarship Program
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