

**PIHC Scholarship Application Form PIHC Scholarship Program**

**Shriver Center/UMass Medical School**

**Pathways to Inclusive Health Care (PIHC) Scholarship Program**

**Shriver Center/University of Massachusetts Medical School**

**55 Lake Avenue North, Worcester, MA 01655**

**(774)-455-6552**

**(774)-455-6565**

**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

**Mail to:**

Pathways to Inclusive Health Care Scholarship Program Attn: Susan Swanson, MA, CCC-SLP

Shriver Center/University of Massachusetts Medical School 55 Lake Avenue North, Worcester, MA 01655

TEL: (774)-455-6552

FAX: (774)-445-6565

susan.swanson@umassmed.edu