Professional Education Scholarship
For
Health Sciences Students
Workforce Development & Continuing Education Programs

Application Packet

This scholarship is made possible through a grant from Kaiser Permanente of the Mid-Atlantic States. Completed spring 2014 applications for this scholarship are due by January 10, 2014.
Professional Education Scholarship for Health Sciences Students
Workforce Development & Continuing Education Programs
Funded through a grant from Kaiser Permanente of the Mid-Atlantic States

Eligible WDCE Programs of Study
Certified Medicine Aid Medical Billing
Certified Nursing Assistant Medical Administrative Assistant
Dental Assistant Pharmacy Technician
Assisted Living Manager Phlebotomy Technician

Restrictions/Criteria
1. Provide proof of legal immigration status.
2. Prince George’s County resident.
3. Placement testing documenting proficiency in reading comprehension and/or mathematics per program requirement.
   *(There is no testing requirement for Medical Billing.)*
4. Admission to program by January 8, 2014.
5. Demonstrate financial need. **Provide proof of one of the following:**
   a. FAFSA submitted by November 15 for Spring 2012 semester, June 5, 2012 for Fall 2012 semester.
   b. Provide proof of receiving one of the following: one or more benefits through the Prince George’s County Department of Social Services Family Investment Administration.
   c. One or more children receiving free lunch at a Prince George’s County school.
   d. Currently receiving unemployment benefits for five (5) months or more and Prince George’s County Department of Social Services Family Investment Administration benefits.
   e. Currently connected to the Prince George’s County Child Welfare foster care.
6. Maintain active program status and complete program without interruption.
7. Letter of recommendation from a professor or employer that conveys the applicant’s strength to become a healthcare provider.
8. Essay: In approximately 200-300 words, explain clearly and concisely 1) why you deserve to be a recipient of this scholarship 2) your desire to pursue the field of study you selected and 3) what you expect to achieve in your professional and educational pursuits at Prince George’s Community College.
9. Scholarship will cover tuition and fees only.

Amount Available
Total amount not to exceed $1,400 per student per program.

Instructions
Type or print in blue or black ink. Applications written in pencil, red ink or that are not legible will not be considered. Mail or deliver the completed application packet to:

**Prince George’s Community College Scholarship Program**
Kaiser Permanente Scholarship Selection Committee
Prince George’s Community College
Financial Aid Office
Bladen Hall, Room 121
301 Largo Road
Largo, MD 20774-2199

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Prince George’s Community College  
(Workforce Development & Continuing Education Programs)  
Professional Education Scholarship for Health Sciences Students  
_Funded through a grant from Kaiser Permanente of the Mid-Atlantic States_

Application

Name ____________________________________________

Colleague ID ______________________________________

Address __________________________________________

_________________________________________________

Home Phone ___________________________  Alt. Phone ______________________

Email _________________________________________

Accepted Program/Major _________________________________________________

Awards, Honors, Achievements
List academic awards or honors and major college extracurricular and community activities

_________________________________________________

_________________________________________________

_________________________________________________

_Attach your Letter of Recommendation (must be in a sealed envelope) to your application._

Essay
Please attach a typed essay no more than 200-300 words in length explaining clearly 1) why you deserve to be a recipient of this scholarship 2) your desire to pursue the field of study you selected and 3) what you expect to achieve in your professional and educational pursuits at Prince George’s Community College.

The Scholarship Committee will consider your statement in making their selection of scholarship recipients.

_I certify that the information provided is accurate to the best of my knowledge and understand that I may be disqualified from a scholarship award if any information provided is found to be false._

Student Signature ___________________________ Date ___________________________