



## Highmark Healthcare Scholarship for Rising Juniors

2017 and 2018 Academic Years  
Application Deadline July 7, 2017

Student Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

State System University Attending \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Academic Year for 2017 Fall Semester: \_\_\_\_\_

Number of Credits Completed: \_\_\_\_\_

Area of Study: \_\_\_\_\_

\*IT and computer science majors may be eligible for a paid internship with Highmark. Details will be provided to you.

Current Grade Point Average: \_\_\_\_\_ Full-time Student Yes \_\_\_\_\_ No \_\_\_\_\_  
(Include Official Academic Transcript)

Estimated Family Contribution from FAFSA: \_\_\_\_\_

I declare that the information provided herein is true and correct to the best of my knowledge. I also give permission to release my name, contact information and photograph to the Scholarship Committee, the State System Foundation for promotional purposes, and the named scholarship award sponsor for purposes related to donor stewardship. I also agree to make every effort to attend the State System Foundation's Scholarship Donor Appreciation Luncheon.

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date

**Remember to include the following with your completed application:**

- 1. A letter of reference from a professor in your field and a letter from a personal reference**
- 2. Your 300-400-word essay on why you chose a career in the field of healthcare**
- 3. Your official transcript**

**The application packet must be postmarked by July 7, 2017 and mailed to:**

**PA State System Foundation  
Attn: Eileen Showers  
2986 N. 2<sup>nd</sup> Street  
Harrisburg, PA 17110**