



MOMENTUM, INC. HEALTHCARE SCHOLARSHIP APPLICATION
Fall 2017 Semester
Application Deadline: June 9, 2017

Student Name: _____
(Last) (First) (M.I.)

Street: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Phone Number: _____ Email Address: _____

State System University Attending: _____

Major: _____ GPA: _____ Junior ___ Senior: _____
(Check one)

Student I.D. Number _____

Special Awards, Honors or Activities: _____

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 Applicant

Date

Please include the following in your application packet:

- 1) Completed Application
- 2) PowerPoint Presentation (15 page maximum)
- 3) Cover Letter
- 4) Copy of Transcript

Complete application packet must be postmarked by **June 9, 2017** and be mailed to:

PA State System Foundation
Attn: Eileen Showers
2986 North 2nd Street
Harrisburg, PA 17110

A special thanks to Momentum, Inc. for their generous sponsorship of this scholarship program.



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