



SCHOLARSHIP APPLICATION

An undergraduate scholarship for students who
intend to major in an allied health field

Submit application and attachments postmarked by
March 31, 2010
to:

Catholic Health AthletiCare
Attn: Amy Cameron, Sports Outreach
3669 Southwestern Blvd
Orchard Park, NY 14127

BACKGROUND

Formed in 1998 under four religious sponsors, Catholic Health provides health care to hundreds of thousands of Western New Yorkers across a network of four hospitals, fourteen primary care centers, six diagnostic and treatment centers, a free-standing surgery center, six long-term care facilities, two adult homes, three home care agencies, and several other community ministries.

One of the two largest providers of health care in Western New York, Catholic Health's 8,200 associates and 1,200 physicians are part of a healing ministry dating back more than 150 years.

Catholic Health also has one of the most comprehensive rehabilitation programs in Western New York through Partners In Rehab & AthletiCare. Some of the services that are offered through our rehabilitation programs include physical therapy, occupational therapy and speech therapy.

AthletiCare's multifaceted sports outreach program has been in existence since 1986. The foundation is our community-based athletic training program. Certified athletic trainers, on site at the high school and collegiate level along with community athletic events, provide front line treatment for athletic injuries.

One element of AthletiCare's vision is to attract, retain and develop talented, dedicated professionals who are recognized and rewarded for doing superior work and demonstrating quantitatively Catholic Health's values, so from this vision the CH AthletiCare Scholarship was established.

THE SCHOLARSHIPS

Two scholarships, in the amount of \$500 each, will be awarded to two graduating high school seniors for the 2009-2010 school year. Successful recipients must be a graduating high school senior at one of the WNY area high schools that AthletiCare's Sports Outreach Program currently contracts with for athletic training services for the 2009-2010 school year (see eligible schools below) OR a graduating high school senior whose parent/guardian is a Catholic Health associate AND plans to enroll in an accredited college or university to pursue a degree in one of the allied health fields listed.

Eligible High Schools: East Aurora, Frontier, Hamburg, JFK, Kenmore East, Kenmore West, Lackawanna, Lake Shore, Mt. Mercy Academy, Mount St. Mary Academy, St. Mary's High School (Lancaster), Nardin Academy, Orchard Park, Sacred Heart, St. Francis, Bishop Timon/St. Jude, West Seneca East and West Seneca West.

Eligible Allied Health Fields of Study: Athletic Training, Exercise Science, Physical Therapy, Physical Therapy Assistant, Occupational Therapy, Occupational Therapy Assistant, Speech Therapy

Minimum Criteria – Applicants must have a cumulative grade point average of 3.0 for the first three years of high school.

Basis for Award - The successful candidates' applications will be based on the following:

- Essay
- Volunteer/Work Experience and Extracurricular Activities
- Letters of Recommendation
- Faith-Based Values
- Academic Achievement/GPA

The Catholic Health AthletiCare Scholarship/Selection Committees will be the final determiner as to which applicants will be recipients of a scholarship.

Final Application Date

Completed applications must be mailed to the address below and postmarked no later than **March 31, 2010**. Announcement of recipients will be made no later than **May 7, 2010**.

Send completed application and accompanying materials to:

Catholic Health AthletiCare
Attn: Amy Cameron, Sports Outreach
3669 Southwestern Blvd
Orchard Park, NY 14127

Questions:

Please call Kelly Finkowski, Sports Outreach Manager, at (716) 923-4837 or e-mail questions to acameron@chsbuffalo.org

Applications are available on the Catholic Health web site: www.chsbuffalo.org/ath

Catholic Health AthletiCare Scholarship Application

A. Applicant Information:

Name: _____ Expected Graduation Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ E-mail address: _____

Date of Birth: _____ Social Security Number: ____-____-____

Parent/Guardian Name(s): _____

Parent/Guardian's Catholic Health Associate Number: _____

B. Educational Information:

High School: _____

Grade Point Average (for first 3 yrs of high school): _____ Class Rank: _____

Intended Field of Study: _____

Intended College or University: _____

C. Attach the following to this application:

1. Official transcripts of all high school education (up through Fall 2009)
2. **One-page** typewritten essay
3. Two letters of recommendation from non-family members
 - a. One letter must be from a faculty/staff member at your current high school
 - b. One letter must be from an non-school reference, preferably an allied health professional

D. Essay:

Prepare a **one-page** typewritten essay on the following:

- 1) What is your intended allied health field of study?
- 2) Why have you chosen to pursue a career in this field?
- 3) What do you feel you will contribute to your field of choice?
- 4) How have your faith-based values impacted your decision?

E. Letters of Recommendation

Please use the attached reference form for your letters of recommendation. After your reference has completed their letter of recommendation, have them seal it in an envelope and sign across the sealed flap. Letters of recommendation must accompany your application and may not be mailed in separately. Any letter of recommendation received not in accordance with the above instructions will not be considered.

F. Volunteer/Work Experience and Extracurricular Activities

Volunteer/Work Experience – Please list any community service, volunteer experience (especially allied health related) and/or jobs held during your high school tenure to date. (Please continue on a separate sheet if required)

1. Employer/Volunteer Site: _____
Date(s): _____
Primary Duties: _____

2. Employer/Volunteer Site: _____
Date(s): _____
Primary Duties: _____

3. Employer/Volunteer Site: _____
Date(s): _____
Primary Duties: _____

4. Employer/Volunteer Site: _____
Date(s): _____
Primary Duties: _____

Activities – List your on-campus and off-campus extracurricular activities, in the order of interest to you, in which you have been involved in since entering high school. (Please continue on a separate sheet if required)

1. Activity: _____
Dates of Participation: _____
Your most significant contribution: _____

2. Activity: _____
Dates of Participation: _____
Your most significant contribution: _____

3. Activity: _____
Dates of Participation: _____
Your most significant contribution: _____

4. Activity: _____
Dates of Participation: _____
Your most significant contribution: _____

G. Catholic Health Core Values

As part of Catholic Health, AthletiCare is committed to a common mission to continue the healing ministry of Jesus. We seek to improve the health of individuals and communities; we provide high quality service that is holistic, compassionate and respectful of human dignity. As part of our mission, we practice the four core values of Catholic Health –

- Reverence for the dignity of each person
- Compassion
- Justice for all, especially those who are poor and disadvantaged, and
- Excellence

in our everyday lives, both professionally and personally. In the space provided below, please select one of the four core values and discuss an experience/ opportunity where you were able to demonstrate that value. (For more information on the CHS Mission, Vision and/or Values, please visit our web site at www.chsbuffalo.org).

H. Additional Information:

Please list here any additional information you feel the committee should know about you that might help in the selection process.

I hereby certify that the above information is truthful and accurate to the best of my knowledge. I have completed the application with the intention of giving an honest reflection of myself as a student, citizen and individual as a whole.

Applicant's Signature

Date

Catholic Health AthletiCare Scholarship Reference Form

Name of Applicant: _____

Instructions to the writer: Please state below your opinion of the applicant's abilities as a student, volunteer or employee and potential for future leadership in an allied health profession. Any additional comments you might want to make are welcome. We ask that you please keep your recommendation to 250 words or less.

When you have completed the form, please place it in an envelope, seal the envelope, sign your name across the sealed flap to ensure confidentiality, and give the envelope to the applicant so that he/she may return it with their completed application.

Signature

Name Printed

Position/Title

Date

(_____)_____
Telephone Number

E-mail

Institution/Employer

Catholic Health AthletiCare Scholarship Reference Form

Name of Applicant: _____

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