



University of the Incarnate Word
2019-2020 Baptist Health Foundation Scholarship

Application Packet

Dear Applicant:

The UIW Office of Financial Assistance is pleased to announce a partnership with the Baptist Health Foundation of San Antonio to provide scholarships for students enrolled in certain health professional fields.

The general information on page 2 outlines the criteria for application and provide details about the selection process and awards.

This is a one-time scholarship; award amounts may vary. Previous Baptist Health Foundation Scholarship recipients (*if eligible*) may reapply for the 2019-2020 academic year, but renewal is not guaranteed. A new scholarship application packet must be completed and submitted to apply for renewal funding.

Applicants must submit a complete application packet to the Office of Financial Assistance no later than 5:00 p.m. on Monday, September 30, 2019 to be considered. Emailed copies are acceptable, please do not fax.

If you have questions or need additional information regarding this scholarship opportunity, please contact the Office of Financial Assistance directly.

Thank you,

Office of Financial Assistance
University of the Incarnate Word
4301 Broadway, CPO 308
San Antonio, Texas 78209
Tel. 210-829-6008
Email: finaid@uiwtx.edu

RETURN THIS APPLICATION TO THE OFFICE OF FINANCIAL ASSISTANCE, UNIVERSITY OF THE INCARNATE WORD,
4301 Broadway CPO 308, San Antonio TX 78209, or email at finaid@uiwtx.edu

General Information: 2019-2020 Baptist Health Foundation Scholarship

I. Students must meet the following criteria to apply:

- Must be a U.S. Citizen
- Must be enrolled **full-time** in one of the approved programs (Doctor of Physical Therapy, Doctor of Pharmacy, Traditional BSN, Master of Science in Nursing, Doctor of Nursing Practice, Master of Nutrition, Doctor of Optometry, Nuclear Medicine and Doctor of Osteopathic Medicine).
- Must meet GPA requirements for good academic standing.
- Must have a 2019-2020 FAFSA on file with the Office of Financial Assistance and demonstrate financial need. (*Financial Aid file must be complete before eligibility can be determined*).
- Must have a permanent residence within the Baptist Health Foundation's service area (Approved counties: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson).
- Must certify intent, following graduation, is to remain and seek employment in one of the eight counties serviced by the Baptist Health Foundation. (*See approved counties listed above*).
- Applicants must submit a **complete** application packet to the Office of Financial Assistance no later than 5:00 p.m. on Monday, September 30, 2019. Emailed copies are acceptable, please do not fax.

II. A completed application includes:

- ___ Application (*pages 3-4 of packet*)
- ___ The Release of Information Form (*page 5 of packet*)
- ___ Essay Attachment (*see page 4, part II*)
- ___ Resume Attachment (*see page 4, part III*)
- ___ Thank You Letter Attachment (*see below*)

III. Thank You Letter instructions:

- **Must be attached to the application** (***Do not send your letter directly to the foundation***).
- Letters should be professionally **TYPED** on standard 8½ x 11" paper. Please do not submit cards.
- Please address, but **DO NOT MAIL**, your letter to:

Scholarship Committee
Baptist Health Foundation of San Antonio
750 East Mulberry Avenue, Suite 325
San Antonio, Texas 78212-3107

- IV. Completed applications will be reviewed by UIW representatives and applicants will be notified of the committee's decisions.
- V. If you are selected for this scholarship, funding will be applied towards your UIW tuition in mid-October 2019. All funds will be posted toward Fall 2019 charges only and cannot be awarded for any other terms.
- VI. Scholarship funding may reduce your financial need. Loans and/or other aid may be adjusted to fit funding within your financial aid budget.

RETURN THIS APPLICATION TO THE OFFICE OF FINANCIAL ASSISTANCE, UNIVERSITY OF THE INCARNATE WORD,
4301 Broadway CPO 308, San Antonio TX 78209, or email at finaid@uiwtx.edu

2019-2020
BAPTIST HEALTH FOUNDATION OF SAN ANTONIO
SCHOLARSHIP APPLICATION

Name: _____
Last First MI

Student ID: _____ **Email Address:** _____

Permanent Address: _____
Street City State Zip

**** If your permanent residence is not in one of the eight counties listed below, then your application will not be considered. Your permanent address must match the permanent address listed on BannerWeb****

Permanent address located in: _____
 Bexar County Bandera County Kendall County
 Comal County Guadalupe County Wilson County
 Atascosa County Medina County

High School Name: _____

High School District: Edgewood Harlandale San Antonio South San Antonio
Southside Southwest Other (if not listed): _____

Indicate Your Program of Study:

Traditional BSN Doctor of Optometry Doctor of Physical Therapy
 MSN Nursing MS Nutrition Doctor of Pharmacy
 Doctor of Nursing Practice Nuclear Medicine Science/Technology Doctor of Osteopathic Medicine

- Are you a Past Recipient YES NO
- Are you a U.S. Citizen YES NO
- Have you completed a 2019-2020 FAFSA? YES NO
- The foundation is dedicated to providing services to the region it serves. Is your intent, following graduation, to remain and seek employment in the Foundation's eight county service area? YES NO

FOR OFFICE USE ONLY			
COA: _____	EFC: _____	Need: _____	GPA: _____
Recommended for Funds <input type="checkbox"/> YES <input type="checkbox"/> NO		Recommended Award \$ _____	

RETURN THIS APPLICATION TO THE OFFICE OF FINANCIAL ASSISTANCE, UNIVERSITY OF THE INCARNATE WORD,
4301 Broadway CPO 308, San Antonio TX 78209, or email at finaid@uiwtx.edu

PART I – Reason for Request

Fully explain your financial reasons for requesting a scholarship from the Baptist Health Foundation of San Antonio. (*Baptist Health Foundation of San Antonio will follow the financial aid qualification guidelines established by the scholarship recipient's institution*).

PLEASE TYPE your response below:

PART II – Attach a typed student narrative:

New students: Why have you chosen to pursue a career in healthcare? Also include examples of your volunteer activities or other activities which help improve our community.

Past scholarship recipients re-applying: Please answer the following questions:

- What impact did last year's scholarship have on your studies?
- Were there any changes in your studies last year that gave you a new perspective on your future healthcare career?

PART III – Information Release and Resume: I agree to release the Free Application for Federal Student Aid (FAFSA) information for this scholarship. I have attached a copy of my most current resume.

PART IV – Certification of Intent to remain in service area after graduation: I certify that my intent, after graduation, is to remain and seek employment in one of the eight counties serviced by the Baptist Health Foundation.

PART V – Disclosure and Consent: I understand that falsification of any records or documents submitted to obtain this scholarship will result in my having to repay the amount granted in full to the Baptist Health Foundation of San Antonio. I certify that all of the information provided by me on this application is correct.

Printed Name: _____

Student ID: _____

Applicant's Signature: _____

Date: _____

RETURN THIS APPLICATION TO THE OFFICE OF FINANCIAL ASSISTANCE, UNIVERSITY OF THE INCARNATE WORD,
4301 Broadway CPO 308, San Antonio TX 78209, or email at finaid@uiwtx.edu



University of the Incarnate Word
2019-2020 Scholarship Release of Information Form

The University of the Incarnate Word makes every effort to protect the privacy of your educational records. Scholarship donors very much appreciate knowing the students who directly benefit from their scholarship funds. By allowing the University to release your name, directory, and academic information, you are helping us to connect donors with our students. This simple act helps to ensure that more UIW students will continue to benefit from these generous gifts.

By signing below you indicate:

____ you authorize UIW to release your name, directory and academic information to scholarship donors in conjunction with any UIW scholarships you may receive

OR

____ you do not authorize UIW to release your name, directory and academic information to scholarship donors in conjunction with any UIW scholarships you may receive.

Signature

Date

Printed Name

UIW Student ID or SSN