



University of the Incarnate Word
2020-2021 Baptist Health Foundation Scholarship Application Packet

University of the Incarnate Word is pleased to announce a partnership with the Baptist Health Foundation of San Antonio to provide scholarships for students enrolled in health professional fields. This is a one-time scholarship for Fall 2020 and award amounts may vary. Previous Baptist Health Foundation Scholarship recipients may reapply by submitting another scholarship application, but renewal is not guaranteed.

Applications may be submitted to the Office of Financial Assistance via e-mail (finaid@uiwtx.edu) or mail (4301 Broadway CPO 308, San Antonio, TX 78209) by **5:00 p.m. on Friday, September 18, 2020**.

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 2020-2021 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*).
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A complete application includes:

- ___ Application (*pages 2-3 of packet*)
- ___ Narrative Attachment (*see page 3, part II*)
- ___ Resume Attachment (*see page 3, part III*)
- ___ Release of Information Form (*page 4 of packet*)
- ___ Thank You Letter Attachment (*see page 5*)
 - Must be attached to the application (***Do not mail your letter directly to the foundation.***)
 - Letters should be professionally **TYPED** on Thank You Letter Template (*see page 5*)

Applications will be reviewed by a UIW committee and all applicants will be notified of the committee's decisions in mid-October 2020. If you are selected for this scholarship, funding will be applied towards your Fall 2020 charges and cannot be awarded for any other semesters/terms. Loans and/or other aid may be adjusted to fit the scholarship award 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



University of the Incarnate Word
2020-2021 Baptist Health Foundation Scholarship Application

Name: _____
Last First MI

UIW Student ID: _____ **Social Security Number:** _____

Email Address: _____ **Telephone Number:** _____

Permanent Address: _____
Street City State Zip

Permanent address located in:

Bexar County	Bandera County	Kendall County	
Comal County	Guadalupe County	Wilson County	
Atascosa County	Medina County		

**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**

High School Name: _____ **High School District:** _____

Indicate your current program:

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

*must be accepted to UIW Nursing Program and enrolled in NURS courses

Are you a past Baptist Health Foundation Scholarship recipient? YES NO

Are you a U.S. Citizen? YES NO

Have you completed a 2020-2021 FAFSA? YES NO

FOR OFFICE USE ONLY			
FINANCIAL AID:			
COA: _____	EFC: _____	Need: _____	GPA: _____
SCHOLARSHIP COMMITTEE:			
Recommended for Funds _____ YES _____ NO		Recommended Award \$ _____	

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PART I – Reason for Request

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 copy of your most current resume and a typed student narrative:

Current Resume: Attach a copy of your most current resume outlining personal, academic, and professional accomplishments.

Student Narrative: Attach your typed response to the applicable prompt:

- **New Baptist Health Scholarship Applicants:** 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 Baptist Health Scholarship Recipients Re-applying:** What impact did this scholarship have on your studies? Were there any changes in your studies that gave you a new perspective on your future healthcare career?

Part III: Initial next to each statement as acknowledgment and sign below.

I agree to release my Free Application for Federal Student Aid (FAFSA) information for this scholarship.

I certify that my intent, after graduation, is to remain and seek employment in one of the Baptist Health Foundation counties.

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 the information I have provided on this application is correct.

Printed Name: _____

Student ID: _____

Applicant's Signature: _____

Date: _____

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***University of the Incarnate Word
2020-2021 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

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

Dear BHFS Scholarship Committee:

Sincerely,

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