



University of the Incarnate Word
2022-2023 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 2022 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 Tuesday, September 6, 2022.**

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 2022-2023 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 III*)
- ___ Resume Attachment (*see page 3, part IV*)
- ___ 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 expressing your gratitude and how this scholarship will help you achieve your career goals. (*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 2022. If you are selected for this scholarship, funding will be applied towards your Fall 2022 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.



University of the Incarnate Word
2022-2023 Baptist Health Foundation Scholarship Application

PART I – Student Information

Student Name: _____ UIW Student ID: _____

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

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

Are you a U.S. Citizen? ___ YES ___ NO

Have you completed a 2022-2023 FAFSA? ___ YES ___ NO

PART II – Educational Background/Plans (All information below is required):

Name of High School Attended: _____ 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

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

PART III – 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 IV – 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:** Explain in detail your future career plans and how you plan to give back to the community.

PART V – 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: _____



***University of the Incarnate Word
2022-2023 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,