Nashoba Valley Community Healthcare Fund Scholarship


Students selected for the scholarship must meet the following minimum qualifications:

- Be currently enrolled as a full-time graduate or undergraduate student in good academic standing,
- Be a non-traditional student/second career student working or living in the Nashoba region: includes the towns of Ashby, Ayer, Bolton, Dunstable, Grotton, Harvard, Lancaster, Littleton, Lunenburg, Pepperell, Shirley, Townsend, and Westford.
- Major in a program related to the following direct-care provider programs:
  - Radiology Technician
  - Medical Technician
  - Nursing
  - Physical Therapy
  - Speech Therapy
  - Occupational Therapy
  - Imaging Technician
  - Medical Assistant.

  Fields with a shortage of medical personnel must be given preference.

- Submit the following:
  1. Completed and signed Scholarship Application Form
  2. Complete and sign the photo release form;
  3. 250-word essay explaining your future career goals as they relate to working in the health care field.

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Your signature below indicates your permission to have the completed scholarship application form, essay and photo release reviewed by the Scholarship Committee and the Greater Lowell Community Foundation. You also give permission to release such information to the donors, should you be selected as a recipient.

Student Signature: ___________________________ Date: ______________________

Application Deadline Date: Friday, November 20, 2015, 5:00 p.m. Completed applications must be received by the Scholarship Coordinator: (Michelle Smith, Solution Center, 220 Pawtucket Street, Lowell, MA 01854, Tel: 978-934-2000, Fax: 978-934-3009, scholarships@uml.edu)

Please include your name on your essay and submit it with this application.
SCHOLARSHIP RECIPIENT PHOTO RELEASE

If I am selected as the recipient of the Nashoba Valley Community Healthcare Fund Scholarship, I recognize and authorize that my photograph may be used in promotional materials including newspapers, magazines, radio, television, and other forms of media including miscellaneous promotional use by the Greater Lowell Community Foundation.

__________________________________      _________________________________
Printed Name                                          Signature          Signature of parent/guardian if recipient
                                                        is under the age of 18

__________________________________      _________________________________
Signature                                         Date             Date