Nashoba Valley Community Healthcare Fund
Scholarship

Working in conjunction with UMass Lowell, The Community Foundation of North Central Massachusetts and the Greater Lowell Community Foundation (Community Foundations) are offering two scholarships to UMASS Lowell students in specific health care related majors. The Fund’s purpose is to advance the community health of residents in thirteen communities: Ashby, Ayer, Bolton, Dunstable, Groton, Harvard, Lancaster, Littleton, Lunenburg, Pepperell, Shirley, Townsend and Westford.

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 resident of Nashoba region includes the towns of Ashby, Ayer, Bolton, Dunstable, Groton, 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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**Application Deadline Date:** Tuesday, February 12, 2013, 5:00 p.m. 
**Completed applications must be received by your campus’s Scholarship Coordinator:** (Leann Cooney, Financial Aid Office, 883 Broadway Street, Rm.102 Dugan Hall, Lowell, MA 01854, Tel: 978-934-4679, Fax: 978-934-3009, leann_cooney@uml.edu)

*Please include your name on your essay and submit it with this application.*
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

____________________  ___________________
Date  Date