



PROFESSIONAL HEALTHCARE EDUCATION GRANT FOUNDATION

GRANT APPLICATION FOR INDIVIDUALS

JMS Professional Health Care Education Grant Foundation (the “Foundation”) operates as a grant-making foundation. All grants provided by the Foundation shall further the Foundation’s general mission of supporting education and careers in various health care fields. All grants made by the Foundation to individuals shall be used by such individuals to further the individual’s educational endeavors in the health care industry (e.g., test preparation costs, entrance exam fees, travel for exams, moving costs to serve rural areas).

To qualify for a grant from the Foundation, individuals must complete the below application and demonstrate financial need and the impact of the grant both on the recipient and the general public. Individuals who are from, and/or practice or intend to practice in, Juniata County, Mifflin County or Snyder County will be given priority due to the lack of qualified health care professionals currently servicing the area.

Please provide the below information in connection with your request for a grant from the Foundation:

1. Name: _____
2. Date of Birth: _____
3. Mailing Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. State and County where you were raised: _____
7. Current or intended health care-related field/degree: _____
8. Institution of higher education you are attending, or plan to attend with date of anticipated matriculation.

9. Current or intended geographic area of practice: _____
10. Describe how you intend to use any grant proceeds that may be awarded to you and how such grant proceeds will impact you and the general public:

11. Amount of Grant Requested: \$ _____ (Grants are capped at \$5000)

12. Household Income: \$ _____

13. Checking Account Balance: \$ _____

14. Savings Account Balance: \$ _____

15. Description of other Financial Resources/Assets (if any):

16. Description of Outstanding Liabilities (if any) (e.g., credit card debt, past due bills, loans):

17. Please attach a copy of your college and/or graduate school transcript. (If neither apply, please include a copy of your high school transcript.)

18. Please attached a copy of your resume/CV.

19. Please attach at least one (1) letter of recommendation from an employer or supervisor who works in the health care industry or current teacher or professor. The letter may not be more than 6 months old.

20. Please share a personal statement. This should explain the impact that this grant will have on your academic endeavors. This statement will help the Foundation determine whether to make a grant to you. The statement should be approximately 300 words.

By signing this application, you are representing that the statements made herein and the attachments hereto are true and correct as of the date of this application. While the Foundation is reviewing your application, you agree to update the Foundation to the extent there are significant changes in the information provided. To the extent you receive any funds from the Foundation, you agree to provide the Foundation with adequate documentation regarding how such funds are spent. If you fail to provide such adequate documentation or fail to use funds for the requested purposes, you acknowledge that the Foundation may seek to recoup any amounts provided to you.

Signature: _____

Date: _____

Please submit your completed application to: jmsfoundation@pa.net or P.O. Box 114, Thompsontown, PA 17094