Parkview Foundation Community Healthcare Scholarship Overview

Fall 2024 / Spring 2025 – UCHealth Parkview Foundation Scholarship

This program is designed to award healthcare scholarships to eligible residents within Pueblo County. The impact of this scholarship program is significant for sustaining a strong health care workforce in our community.

Candidate Eligibility Requirements

- Must be a resident in Pueblo, Colorado.
- · Must be accepted in an accredited healthcare program.
- Must maintain a cumulative grade point average of 3.0 or better (on a 4.0 scale).
- Must be available to participate in an in-person interview in June 2024.

Deadline

In order to be considered your application must be received by UCHealth Parkview Foundation on or before April 30, 2024.

Application Requirements

- Completed Parkview Foundation Healthcare Scholarship Application.
- A copy of nursing and/or healthcare program acceptance letter.
- One character-based letter of recommendation from your instructor, counselor, job supervisor or manager.
- Transcript (official or unofficial).

Review and Selection Process

A selection committee will review all applications and invite top candidates for an interview. *Incomplete or late applications will not be considered.*

Successful Candidates

Candidates selected as potential recipients will be notified to schedule an in-person interview. Following interviews, the selection committee will announce the scholarship recipients.

If offered a scholarship, you will be required to sign a Scholarship Agreement. Conditions of the Agreement are as follows:

- 1. You must maintain enrollment in an accredited, degree-granting nursing and/or healthcare program.
- 2. It is suggested that selected recipients write a letter of gratitude to UCHealth Parkview Foundation Board of Directors and/or a specific scholarship donor prior to issuance of your scholarship payment to your institution.

This is an annual scholarship program. To be eligible for subsequent years, candidates must reapply each year.

Please direct scholarship application questions to Deanna Cowan:

Office: 719.584.4526

Email: Deanna.Cowan@uchealth.org



Parkview Foundation Community Healthcare Scholarship Application Fall Semester 2024 / Spring Semester 2025



Name:	
Phone:	
Address: City:State:Zip:	
City:State: Zip:	
Email:	
Educational Information (Must be accepted in a healthcare program to apply.)	
Institution:Specific Program:	
Address: State:Zip:_	
Program Start Date: Length of Program:	
Degree to be Awarded: Anticipated Graduation Date:	
Student ID #: Last four digits of SSN: (sometimes required by academic institution for matchi	
Current G.P.A : (sometimes required by academic institution for matchi	ng purposes)
Were you a past Parkview Medical Center scholarship recipient? Yes No If so, when?	
Have you been awarded any other financial assistance? Please explain:	

Application Questions

Personal Information

Please answer the following questions on a separate, typed document.

- 1. What are your career goals?
- 2. How do you plan to achieve your career goals? Please explain how you plan to address any obstacles.
- 3. How will you use your education in a future position at UCHealth Parkview Hospital?

 How will this benefit UCHealth Parkview? Please include specific jobs that your education will prepare you for.
- 4. How will this educational scholarship help you reach your career goals?

Required Documentation

Please attach the following documents with your application.

- 1. Nursing and/or healthcare program acceptance letter.
- 2. A character-based letter of recommendation is required from all applicants.
- 3. Transcript (official or unofficial).

Completed applications may be submitted via email to Deanna.Cowan@uchealth.org.

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