



**MOMENTUM, INC. HEALTHCARE SCHOLARSHIP APPLICATION**  
**Fall 2017 Semester**  
**Application Deadline: May 26, 2017**

Student Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

State System University Attending: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Junior \_\_\_ Senior: \_\_\_\_\_  
(Check one)

Student I.D. Number \_\_\_\_\_

Special Awards, Honors or Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I declare that the information provided herein is true and correct to the best of my knowledge. I also give permission to release my name, contact information and photograph to the Scholarship Committee, the State System Foundation for promotional purposes, and the named scholarship award sponsor for purposes related to donor stewardship. I also agree to make every effort to attend the State System Foundation's Scholarship Donor Appreciation Luncheon.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please include the following in your application packet:

- 1) Completed Application
- 2) PowerPoint Presentation (15 page maximum)
- 3) Cover Letter
- 4) Copy of Transcript

Complete application packet must be postmarked by **May 26, 2017** and be mailed to:

PA State System Foundation  
Attn: Eileen Showers  
2986 North 2<sup>nd</sup> Street  
Harrisburg, PA 17110

A special thanks to Momentum, Inc. for their generous sponsorship of this scholarship program.



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[www.m-inc.com](http://www.m-inc.com)