



Pennsylvania State System of Higher Education
FOUNDATION INC.

Momentum, Inc. Healthcare Scholarship Application
2013-14 Academic Year
Application Deadline: May 31, 2013

Student Name: _____
(Last) (First) (M.I.)

Home Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

University Attending: _____

Major: _____ GPA: _____ Junior or Senior: _____

Special Awards, Honors or Activities: _____

By signing this application, I attest that all the information above is true and correct. I also give permission to release my name and photograph to the Scholarship Committee and to the PASSHE Foundation for promotional purposes.

Signature of Applicant

Date

Please include the following with your completed application:

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

Please continue to Page 2

Complete application packet must be postmarked by May 31, 2013 and be mailed to:

Eileen Showers
Foundation Manager
PASSHE Foundation
2986 North 2nd Street
Harrisburg, PA 17110

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



2120 Market Street, Suite100
Camp Hill, Pennsylvania17011
(717) 214-8000
FAX (717) 214-8004

www.m-inc.com