

Scholarship Application

Due Date: February 29, 2024

**Friends Scholarship Criteria**

Thank you for your interest in the Friends Scholarship. We recommend you read the attached application and if you have any questions email **Anna Honer at Anna.Honer@fccc.edu**

**Application deadline is February 29, 2024**

Criteria:

1. All applicants must be a full time Fox Chase employee for at least one year (at time of application deadline)
2. Be a current member of the Friends of FCCC (see attached membership form)
3. Be enrolled in a Nursing/Allied Health program or other study related to the Fox Chase mission.
4. Have completed 25% of program credits.

Please attach each of the listed items below to your Application Form to assure you have an equal opportunity to receive consideration.

* Transcripts
* Three Letters of Recommendation from:
  + One from a peer
  + One from a supervisor
  + One from an advisor or instructor

Items they should highlight:

* Your contribution to Fox Chase Cancer Center
* Your commitment to the goals for your profession
* Your professional accomplishments and future potential
* Your commitment to complete the program in you are now enrolled

All information provided to the Committee through your application form and references will be kept confidential. Mentors are available to assist with the application process.

All applicants will be schedule for a brief interview with the Friends Scholarship Committee.

Send application and references directly to Anna Honer at [Anna.Honer@fccc.edu](mailto:Anna.Honer@fccc.edu), or mail to:

**Anna Honer**

**Scholarship Committee Chairwoman  
 Fox Chase Cancer Center**

**333 Cottman Avenue**

**Philadelphia, PA 19111**

**Friends of Fox Chase Cancer Center Scholarship Application Form**

Please type information requested on this application form. You may attach an additional sheet of paper, if necessary to complete your answers to the questions. If you do so, please identify by number the questions to which you are responding.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Profession status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Month and year you began working at FCCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department in which you are currently employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. School currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Degree pursuing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Please describe below your career plans, including long-range professional goals, following completion of this program (Please attach additional sheet of paper).

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1. Do you have any financial circumstances that the scholarship committee should consider? Please be specific.

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1. If you receive this scholarship, how will the money help you reach your educational goal?

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1. What has been your involvement in departmental and hospital-wide activities at FCCC?

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1. List the Continuing Education programs you have attended in the past two years:

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12. To which professional organizations do you currently belong? Describe your involvement (e.g. committee participation: frequency of attending general meetings, etc.)

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1. List the community organizations in which you are active and describe your involvement (e.g. committee participation: frequency of attending general meetings, etc.)

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1. If circumstances have prevented you from becoming an active member of a community organization, please explain.

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Instructions: **Application deadline is February 29, 2024**

* Please attach updated grade transcript from the program in which you are now enrolled.
* Reference letters from the individuals listed are to be emailed to the Scholarship Committee Chairwoman at [Anna.Honer@fccc.edu](mailto:Anna.Honer@fccc.edu), or mailed to:

**Anna Honer**

**Scholarship Committee Chairwoman  
 Fox Chase Cancer Center**

**333 Cottman Avenue**

**Philadelphia, PA 19111**

I hereby certify that I have answered the questions in this application truthfully, to the best of my knowledge and that I am committed to continuing my employment at the Hospital of Fox Chase Cancer center for at least one year after receipt of the scholarship.

I hereby understand that if my program of study is not completed or if I terminate employment at FCCC less than one year after receipt of scholarship, I will be required to return all monies to the Friends of Fox Chase Cancer Center.

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

Signature of Applicant Date

Adopted: 1/85  
Revised: 3/11

Revised: 4/12

Revised: 3/13

Revised: 7/19