

Priority Partners Book Scholarship 2025

Purpose: Priority Partners wants to support members and their family seeking higher education. This scholarship is offered to help recipients purchase books.

Award Component: Priority Partners will award three (3) \$1,000 scholarships based on the completion of the application and all requested documents, the letter of recommendation and the quality of the submitted essay. The winners will be notified in September.

Criteria: *(Last year's winners are not eligible to win again in 2025)*

1. Applicant must be a current enrollee with Priority Partners or an immediate family member of a current enrollee with **Priority Partners**.
2. Applicant must be enrolled in a two-year or four-year technical program, college, university or institution.
3. Applicant must be pursuing a career in health care and /or human or social services.

The due date for applications and all supporting documents is June 15, 2025.

Each application must contain the following:

1. Application Form
2. Transcript of your grades (high school/GED or transcript from higher education institution).
> **NOTE: Unofficial copies are acceptable for the application;** however, you will be required to furnish an official transcript if selected for the award.
3. One letter of recommendation from a non-relative teacher, guidance counselor, employer, or other appropriate community member.
4. Personal essay of 650 words or less in response to the provided questions.
5. Signed confidentiality and release waiver and accuracy statement.

Email application and materials to PPS@JHHP.org

Priority Partners Book Scholarship Application

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS.

Please list preferred language: _____			
1.	Name (<i>First, MI, Last</i>): _____		Pronouns: _____
2.	Street Address: _____ City: _____ State: _____ ZIP: _____		
3.	Telephone Number: () _____	4.	Email: _____
5.	Date of Birth (mm/dd/yyyy): _____		
6.	Are you an enrollee or family member of an enrollee at Priority Partners? <input type="checkbox"/> I am an enrollee. <input type="checkbox"/> A family member, _____, is an enrollee. Relationship to me: _____		
7.	If you are under 18 , please provide the name and address of parent(s) or legal guardian(s): Parent(s) or Guardian(s): _____ Street Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____		
EDUCATION			
8.	High school: _____ City, State: _____ Year of Graduation: _____ <input type="checkbox"/> I hold a GED instead of a high school diploma. Describe any additional education you may have received below:		
	Name of Institution	Dates Attended	Year Graduation and Degree (if applicable)

9.	<p>Please indicate whether you are currently enrolled in, have been accepted to, or have applied to a higher education institution. Include the name of the school.</p> <p> <input type="checkbox"/> Enrolled Name of higher education institution: _____ </p> <p> <input type="checkbox"/> Accepted Name of higher education institution: _____ </p> <p> <input type="checkbox"/> Applied Name of higher education institution: _____ </p> <p>Proof of acceptance or current student enrollment from the school is required prior to receipt of funds. For example, applicant will be asked to provide a copy of the letter of acceptance from the higher education institution, a transcript if currently enrolled, or similar documentation.</p>			
10.	What specialty/major are you pursuing, or do you plan to pursue, in your education?			
11.	List and briefly describe any work experience you may have.			
	<i>Position</i>	<i>Employer</i>	<i>Dates of Employment</i>	<i>Duties</i>
12.	List any academic honors or awards you have received.			
13.	Briefly list community-related activities or hobbies that you have been involved in through your school, church, or other organization.			

ESSAY QUESTION	
<p>Please write an essay using the questions below to guide your response, Your essay should be 650 words or less. Please submit your essay in a separate document.</p> <p>How might your career in health care and/or human or social services be able to advance health equity? Why are you a good candidate to receive this award? In what way can your career choice help improve access to preventive care in your community? How has Priority Partners made a positive impact on you or your family?</p>	

CONFIDENTIALITY WAIVER, ESSAY RELEASE AND STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby grant Priority Partners permission to use the essay response provided by me in this application for all purposes and in perpetuity. I waive the right to inspect or approve versions of the essay response.

I hereby understand that if chosen as a scholarship winner, according to Priority Partners Book Scholarship criteria, I must provide evidence of enrollment/registration at the education institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship winner, according to Priority Partners Scholarship Program criteria, I will agree to provide a photo that Priority Partners can use to identify me as a winner in its announcement and any such publicity materials related to the scholarship.

Signature of scholarship applicant: _____ Date: _____

REMINDER

All applications must be received by **June 15, 2025** to be considered.