

# Priority Partners Book Scholarship 2026

Application Packet · Due June 30, 2026 · Email to [PPS@JHHP.org](mailto:PPS@JHHP.org)



## Purpose

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

## Award

Priority Partners will award three (3) \$1,200 scholarships based on the completed application, letter of recommendation, and quality of the submitted essay. Winners will be notified in September.

## ELIGIBILITY CRITERIA

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Last year's winners are not eligible to win again in 2026.

1. Applicant must be a current enrollee with Priority Partners, or an immediate family member of a current enrollee.
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.

## REQUIRED APPLICATION MATERIALS

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Each application must include all of the following:

1. Completed application form.
2. Transcript of grades (high school/GED or higher education). Unofficial copies are acceptable; an official transcript will be required if selected.
3. One letter of recommendation from a non-relative teacher, guidance counselor, employer, or community member.
4. Personal essay of 650 words or less responding to the provided essay questions.
5. Signed confidentiality and release waiver and accuracy statement.

Submit all application materials by email to [PPS@JHHP.org](mailto:PPS@JHHP.org) by **June 30, 2026**. Late or incomplete applications will not be considered.

# Priority Partners Book Scholarship Application

Please type or clearly print all answers

## PERSONAL INFORMATION

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Preferred language

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Full name (first, MI, last)

Pronouns

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Street address

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City

State

ZIP code

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Telephone number

Email address

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Date of birth (mm/dd/yyyy)

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Are you a Priority Partners enrollee, or a family member of one?

I am an enrollee.     A family member is an enrollee.

Family member's name (if applicable)

Your relationship to them

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If you are under 18, provide information for parent(s) or legal guardian(s):

Parent / Guardian name

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Street address

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City

State

ZIP code

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Parent / Guardian phone

Parent / Guardian email

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# Priority Partners Book Scholarship Application

Education & Experience

## EDUCATION

High school name

City, State

Year of graduation

I hold a GED instead of a high school diploma.

Additional education (list any college, vocational, or technical programs attended):

Name of institution	Dates attended	Degree / year (if applicable)

Please indicate your current enrollment status and name of institution:

Currently enrolled

Name of institution

Accepted (not yet enrolled)

Name of institution

Applied (pending decision)

Name of institution

Proof of acceptance or current enrollment is required before funds can be awarded. You may be asked to provide a letter of acceptance, transcript, or similar documentation.

## MAJOR & CAREER GOALS

What specialty or major are you pursuing, or do you plan to pursue?

**WORK EXPERIENCE**

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List and briefly describe any work experience you have:

Position	Employer	Dates of employment	Duties

**HONORS & COMMUNITY INVOLVEMENT**

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List any academic honors or awards you have received:

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List community activities, volunteering, or hobbies through school, church, or other organizations:

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## Essay Question & Confidentiality Waiver

Priority Partners Book Scholarship 2026

### ESSAY QUESTION

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Please write an essay of 650 words or less using the questions below to guide your response. Submit your essay as a separate document.

- One challenge for patients, doctors and health plans is missed appointments. What reasons do you think lead to patients' missing appointments? What ideas or solutions would you propose to help address this challenge?
- Why are you a good candidate to receive this award?
- A new law will soon require Medicaid recipients to reapply for benefits every six months instead of every 12 months. What impacts might this cause for individuals and families, especially in underserved or high-risk populations?
- How has Priority Partners made a positive impact on you or your family

### CONFIDENTIALITY WAIVER, ESSAY RELEASE & ACCURACY STATEMENT

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By signing below, I affirm and agree to all of the following:

- All information provided in this application is true and correct to the best of my knowledge.
- I grant Priority Partners permission to use my essay response for all purposes and in perpetuity, and I waive the right to inspect or approve versions of the essay.
- If chosen as a scholarship winner, I must provide evidence of enrollment or registration at my education institution before scholarship funds can be awarded.
- If chosen as a scholarship winner, I will provide a photo that Priority Partners may use to identify me, in addition to my name, as a winner in announcements and publicity materials.

*Signature of scholarship applicant*

*Date*

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Reminder: All applications and supporting documents must be received by **June 30, 2026**, to be considered. Email to **PPS@JHHP.org**.