

# MULTICARE HEALTH SYSTEM ENDOWED SCHOLARSHIP

## ELIGIBILITY CERTIFICATION FORM

The **MultiCare Health System Endowed Scholarship** at the **University of Washington Tacoma** was generously established by MultiCare to encourage and support the educational efforts of a special circle of the MultiCare family—on-call employees; people who have provided at least 500 volunteer service hours to MultiCare; sons, daughters or spouses of MultiCare employees or retirees; people who have completed the MultiCare Medical Explorer program or the MultiCare summer Nurse Camp. The scholarship is a need-based scholarship created as part of the University of Washington's Students First initiative to build a greater pool of need-based scholarships throughout the University. Applicants for this scholarship must be entering students at UW Tacoma and must complete the FAFSA (Free Application for Federal Student Aid).

### STUDENT STATEMENT OF ELIGIBILITY

I have been admitted to the University of Washington Tacoma Bachelor of Science in Nursing program. My letter of admission is dated \_\_\_\_\_.

MM/DD/YYYY

I intend to begin my BSN program during Summer Quarter \_\_\_\_\_.

YYYY

I intend to begin my BSN program during Autumn Quarter \_\_\_\_\_.

YYYY

I attest that I qualify to apply for the MultiCare Endowed Scholarship for the following reason(s).

- I am an on-call employee of MultiCare Health System.
- I have provided at least 500 hours of service as a MultiCare volunteer.
- I am the son, daughter or spouse of a MultiCare employee or retiree.

\_\_\_\_\_  
PRINT FULL NAME OF MULTICARE EMPLOYEE OR RETIREE WHO IS YOUR PARENT OR SPOUSE

I was a MultiCare Medical Explorer from \_\_\_\_\_ to \_\_\_\_\_.

DATE (MM/YYYY)

DATE (MM/YYYY)

I completed the MultiCare Nurse Camp in the summer of \_\_\_\_\_.

YEAR

\_\_\_\_\_  
FULL STUDENT NAME (PRINT)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

### MULTICARE CERTIFICATION OF APPLICANT ELIGIBILITY

I certify that the above statements are true and that this student qualifies to apply for the MultiCare Health System Endowed Scholarship. I further certify that MultiCare will have no role in the selection of scholarship recipients. The University of Washington is solely responsible for selecting awardees from among the group of qualified applicants.

\_\_\_\_\_  
MULTICARE REPRESENTATIVE (PRINT NAME AND POSITION TITLE)

\_\_\_\_\_  
MULTICARE REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE