UCHEALTH PARKVIEW FOUNDATION COMMUNITY HEALTHCARE SCHOLARSHIP OVERVIEW FALL 2025 / SPRING 2026

This program is designed to award healthcare scholarships to eligible students attending local institutions. The impact of this scholarship program is significant for sustaining a strong healthcare workforce in our community.

Candidate Eligibility Requirements:

- Must be a resident of Pueblo, Colorado.
- Must be accepted in an accredited healthcare program at Colorado State University Pueblo, IntelliTec College - Pueblo, Pueblo Community College, or Otero College.
- Must maintain a cumulative grade point average of 3.0 or better (on a 4.0 scale).
- Must be available to participate in an in-person interview in June 2025.

Application Requirements:

- Completed UCHealth Parkview Foundation Healthcare Scholarship Application.
- A copy of nursing and/or healthcare program acceptance letter.
- One character-based letter of recommendation from your instructor, counselor, job supervisor or manager.
- Transcript (official or unofficial).
- Current resume.

Review and Selection Process:

A selection committee will review all applications and invite top candidates for an interview. Incomplete or late applications will not be considered.

Successful Candidates:

Candidates selected as potential recipients will be notified to schedule an in-person interview. Following interviews, the selection committee will annouce the scholarship reciepients.

Deadline: To be considered, your application must be received by UCHealth Parkview Foundation (deanna.cowan@uchealth.org) on or before May 1, 2025.

Please visit: <u>uchealthparkviewfoundation.org</u> to access the application.

This is an annual scholarship program. To be eligible for subsequent years, candidates must reapply each year. Please direct scholarship application questions to Deanna Cowan: Office: 719.584.4526 Email: Deanna.Cowan@uchealth.org



UCHEALTH PARKVIEW FOUNDATION COMMUNITY HEALTHCARE SCHOLARSHIP APPLICATION FALL 2025 / SPRING 2026

PERSONAL INFORMA	TION		
NAME:			
PHONE:		EMAIL:	
ADDRESS:			
CITY:	STATE:	ZIP:	

EDUCATIONAL INFORMATION (MUST BE ACCEPTED IN A HEALTHCARE PROGRAM)
INSTITUTION: _______STUDENT ID #: ______SPECIFIC PROGRAM: ______
PROGRAM START DATE: ______ANTICIPATED GRADUATION DATE: ______
DEGREE TO BE AWARDED: ______

Are you currently employed with UCHealth?
Are you a past Parkview Foundation Scholarship recipient?
Have you been awarded any other financial assistance?

APPLICATION QUESTIONS:

Please answer the following questions on a separate, typed document.

- 1. What are your career goals? Please explain how this educational scholarship will help reach these goals.
- 2. How do you plan to achieve your career goals? Please explain how you plan to address any obstacles.
- 3. How will you use your educaton in a future position at UCHealth Parkview Medical Center?

REQUIRED DOCUMENTATION:

- 1. Nursing and/or healthcare program acceptance letter.
- 2. A character-based letter of recommendation.
- 3. Transcript (official or unofficial).
- 4. Current resume.

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