



The Massachusetts General Hospital
Association of Multicultural Members of Partners
2017 Scholarship Application

AMMP Mission:

The Association of Multicultural Members of Partners is committed to the advancement, recruitment, retention and development of minority professionals into leadership roles at all levels and areas of the organization.

Scholarship Purpose:

To expand access to career opportunities at Partners by assisting employees in obtaining Associate's, Bachelor's, Master's or post-graduate degree, professional certificate, or prerequisites for a professional degree.

Eligibility:

1. The applicant must be a **MGH or Partners employee fully supporting the MGH** with one year of continuous employment in good standing
2. The applicant must be committed to the AMMP philosophy and mission.
3. The applicant must be a member of AMMP for **3 months and have attended 3 general body meetings** prior to applying for the scholarship award.
4. The applicant must be accepted into an approved program for the semester for which he/she has applied.
5. He or she may be enrolled either as a part-time or full-time student working towards an Associate's/Certificate Program or a Bachelor's or Master's Degree.
6. The applicant may also be enrolled in pre-requisite courses in order to pursue a degree or certificate program.
7. If the applicant is taking pre-requisite courses and the registration date for the class or classes is after the scholarship **deadline (Wednesday, July 12th)**, please show proof of that in the form of a letter from the registrar's office or from the school website.

Scholarship Requirements Checklist – Very Important:

To be considered for this scholarship, please submit **all** of the required documents

- ✓ Completed application form (signed by you **and** your supervisor).
- ✓ **Two letters of recommendation** from supervisor, manager, professor or community leader. (**new applicants only**)
- ✓ Proof of acceptance in a Degree or Certificate Program in the form of letter from the college or University that you are enrolled in for the **Fall 2017. (New applicants only)**
- ✓ Completion of the "Tell Us About You" section.
- ✓ List of the classes that you are taking in the Fall 2017 or anticipated courses for the semester.
- ✓ Contingent upon you receiving the AMMP Scholarship, please provide documentation of registration of classes
- ✓ AMMP scholarship recipients are required to participate in an AMMP sponsored volunteer activity. The extent of participation and time commitment are flexible and dependent on the individual's availability. In order to fulfill this commitment, the award recipient must complete a volunteer activity within 1 year of receiving the scholarship award. Not carrying out this requirement could possibly obstruct applicants from re-applying for a future scholarship award.

**If you have questions or need help with the application process, please contact us at
PHSAMMP@partners.org**

Association of Multicultural Members of Partners Scholarship Application

I. Demographic Information:

Please complete all sections of this application in order to be considered for an AMMP scholarship. Any incomplete sections will disqualify you from consideration. **PLEASE PRINT OR TYPE.**

1. Name _____
Last First M.I.

2. Home Address _____
Street City/Town State Zip

3. Mailing Address _____
(if different) Street City/Town State Zip

4. Home Tel. # _____ Work Tel. # _____

5. Employee I.D. # _____ Name of Partners Institution/Dept. _____

6. Date of Hire _____ Current Position _____

7. Name of Supervisor _____ Supervisor's Work Tel.# _____

8. Supervisor's Work Address/Dept. _____
Street City/Town State Zip

9. Are you an AMMP member? ____no ____ yes

10. If you are a member, what year did you become a member? _____

- If no, please visit our website for more information on becoming a member <http://AMMP.massgeneral.org>

Please Note: You must be a member of MGH AMMP three months prior to applying for the scholarship and be present at three general body meeting in order to apply for the MGH AMMP scholarship.

11. Have you ever been a recipient of an AMMP Scholarship? No Yes (if so, year?) _____

12. If yes, please list your volunteer activity(s) during your AMMP scholarship year.*

*If you volunteered outside of MGH, in your community or church, please provide proof and contact information in the form letter or flyer from the organizer/organization, of your involvement

13. Have you applied for other scholarships? No Yes

14. If yes, please provide estimated scholarship amount
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15. **Proof of good standing:** In order to verify that you are an employee in good standing, please have your immediate supervisor sign below.

Supervisor's Signature

Date

Supervisor's name (printed)

MGH phone number

II. Academic Information:

Name of School _____

Address _____

Phone # _____

Expected date of enrollment _____ Full-time _____ Part-time _____

Expected date of completion: _____ Student ID #: _____

Your School's Federal Tax ID# _____

Certificate Program Assoc. Degree Bachelor's Degree Master's Degree Pre-requisites for a nursing program

III. Tell Us About You: (Inside Tip: Answering these questions thoroughly will help us to learn more about you which goes a long way when assessing scholarship eligibility).

New Applicants: Please answer the following questions using the space below. You can also submit an attachment if you need additional space.

1. Help us to learn more about you by summarizing your professional and educational goals.

2. How will the AMMP scholarship help you to attain your stated goals?

Returning Applicants: Please answer the following questions using the space below.

1. How has receiving the AMMP scholarship helped with your educational advancement and/or professional goals?

2. Tell us why you are re-applying for the AMMP scholarship and how the scholarship will help you with your education moving forward?

My signature below indicates that the information contained in this application is truthful and accurate.

Applicant's Signature

Date

We request your supervisor's signature demonstrating that he/she approves and endorses your application.

Supervisor's Signature

Date

***FORWARD the completed and signed application and all requested documents by Wednesday July 12th to:**

1. The AMMP Mailbox at PHSAMMP@partners.org
2. Deliver hard copies to the Employee Access Center no later than Wednesday July 12th.

If you have any additional questions please reach out to Sandra Thomas, AMMP Scholarship Chair at PHSAMMP@partners.org or 617-643-0140

Be sure to keep a signed copy of your application for your records.

Application Filing:

Scholarship applications must be submitted **by July 12th, 2017**, to be considered for the 2017 Fall Semester. Incomplete applications will not be processed and will be returned to you via interoffice mail. You can also schedule to pick up your materials.

Scholarship

Scholarship recipients will be announced no later than mid August. Recipients will be honored at a ceremony in September, (details to follow). **Scholarship funds can only be used towards tuition for the 2017 fall semester.**