



## Children's Orthopedics Services, Inc. Scholarship

Endowed by the Children's Orthopedics Services, Inc., a non-profit organization established in 1929, whose mission was to address the orthopedic medical needs of children, newborn to age 18. Children's Orthopedic Services, Inc., provided clinics where licensed physicians assessed, evaluated, treated or provided treatment recommendations at no cost to families. This was a vital service, especially in rural areas like Central Pennsylvania. Unfortunately, advances in medicine and changes to the health insurance industry, the need and availability of these types of clinics have greatly diminished.

**Applicant Name:** \_\_\_\_\_

\*\*\* Completed application is **DUE** to the Guidance Office by **APRIL 15<sup>th</sup>** \*\*\*

**Criteria** - *Applicants must meet the following guidelines for consideration of this scholarship:*

1. Graduating senior that maintains good standing with the community and school.
2. Enrolled in a Physical Therapy (PT), Occupational Therapy (OT) Registered Nursing (RN) or Physician's Assistant (PA) program at an accredited medical-related college/university.
3. Answer the following questions:
  - a. *What will you do with your degree in the long run?*
  - b. *Why will this scholarship help you in your career goals?*
  - c. *What is your most difficult subject? Explain why?*
  - d. *What has been the biggest change in yourself throughout your high school years? This could include but is not limited to: community service/volunteering, jobs, personal experiences, extra-curricular activities.*
  - e. *How would you define success in your life?*
  - f. *What are your strengths and weaknesses?*
  - g. *Why do you believe you should be the recipient of this scholarship?*

### **Recommendation LETTER:**

*Please have a teacher or community member provide a letter of recommendation explaining why you would be a good choice to receive this scholarship award and attach to this application*

**Children's Orthopedics Services, Inc. Scholarship – PAGE 2**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_

**Parent(s) / Guardian(s):** \_\_\_\_\_

**Please provide the following information:**

- 1. School / Extra-Curricular Activities –**
- 2. Community Involvement / Volunteer Activities –**
- 3. Employment / Job-Related Experience –**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **Children's Orthopedics Services, Inc. Scholarship – PAGE 3**

**Student Name:** \_\_\_\_\_

**Please answer the following required questions – YOU MAY TYPE YOUR ANSWERS ON A WORD DOCUMENT AND ATTACH TO THE APPLICATION FORM:**

- a.      **What will you do with your degree in the long run?**
  
  
  
  
  
  
  
  
  
  
- b.      **Why will this scholarship help you in your career goals?**
  
  
  
  
  
  
  
  
  
  
- c.      **What is your most difficult subject? Explain why?**
  
  
  
  
  
  
  
  
  
  
- d.      **What has been the biggest change in yourself throughout your high school years? This could include but is not limited to: community service/volunteering, jobs, personal experiences, extra-curricular activities.**
  
  
  
  
  
  
  
  
  
  
- e.      **How would you define success in your life?**
  
  
  
  
  
  
  
  
  
  
- f.      **What are your strengths and weaknesses?**
  
  
  
  
  
  
  
  
  
  
- g.      **Why do you believe you should be the recipient of this scholarship?**

\_\_\_\_\_  
Student Signature