



## The Kirk L. Works, M.D. Memorial Scholarship

### Application Instructions

The UPMC Horizon Community Health Foundation is pleased to make the Kirk L. Works, M.D. Memorial Scholarship available to students graduating from select Mercer County, Pennsylvania area high schools who are pursuing a postsecondary education in a health care field.

The Kirk L. Works, M.D. Memorial Scholarship was established by the family of Dr. Works, who had a distinguished career as a doctor of gastroenterology in the Shenango Valley and Greenville region for 32 years. Dr. Works exemplified what a physician should be: kind, compassionate, intelligent, and respectful. He was admired by both patients and colleagues alike. He was dedicated to the communities that he served and valued higher education. The Foundation is proud to honor Dr. Works' legacy and his family's commitment to making higher education affordable for local students through the administration of this scholarship.

Students who are 2024 graduates of the following Mercer County, Pennsylvania high schools are eligible to apply for this scholarship: Farrell, Greenville, Hermitage, Jamestown, Kennedy Catholic, Mercer, Reynolds, Sharpsville, or West Middlesex. Applicants must have at least a 3.3 cumulative GPA. In addition, applicants must be planning to begin pursuing a postsecondary education beginning in the Fall 2023 academic semester. Finally, applicants must be seeking a degree in a health field, with an emphasis in clinical care, with preference given to students planning to study biology or chemistry (as pre-medical fields), pharmacy, physician's assistant, physical therapy, occupational or speech therapy, psychology, nursing, clinical nutrition/dietetics, or social work.

Students interested in applying for this scholarship should submit a completed application, along with a letter of reference, a copy of the student's high school transcript, a letter of acceptance from an accredited university, college or school, and an essay (maximum length of two pages) explaining the student's interest in studying health care, why they are pursuing their chosen field of study, what qualities make them a good fit for that field of study and why they are deserving of this scholarship. A request for an interview from the scholarship committee may follow. The scholarship committee will consider a number of factors when selecting recipients, including but not limited to:

- Academic achievements
- Community service
- School and extracurricular activities
- Character and integrity
- Noteworthy achievements
- Leadership

It is anticipated that scholarships up to \$1,000 will be made available to selected scholarship recipients. Applications must be submitted to the Foundation by **April 1, 2024**. Scholarship winners will be notified by the committee upon final decision.



Please submit completed applications to:

UPMC Horizon Community Health Foundation  
Attn: Kelly Haux  
1211 Wilmington Avenue  
New Castle, PA 16105

**OR:** Email to [hauxkj@upmc.edu](mailto:hauxkj@upmc.edu).



## The Kirk L. Works, M.D. Memorial Scholarship Scholarship Application

### Applicant Information

**Full Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Education

**High School (Circle):**

Farrell	Greenville	Hermitage	
Jamestown	Kennedy Catholic	Mercer	Reynolds
Sharpsville	West Middlesex		

High School Address: \_\_\_\_\_

Dates of Attendance – From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Anticipated Graduation: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Postsecondary Institute Planned to Attend: \_\_\_\_\_

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

Expected Major or Field of Study: \_\_\_\_\_

### Reference (No Family Members)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Please attach one (1) letter of recommendation from a non-family member to this application.



High School Activities

List any academic honors, awards, or membership activities: \_\_\_\_\_

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List any hobbies, interests, extracurricular activities or school-related volunteer activities: \_\_\_\_\_

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List any community volunteer activities: \_\_\_\_\_

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College Related Financial Information

Anticipated Annual Tuition and Fees: \_\_\_\_\_

Other Scholarships Received: \_\_\_\_\_

Other Sources of Funding: \_\_\_\_\_

Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Application Checklist

A completed and signed application.

One (1) letter of reference.

A letter of acceptance to expected postsecondary institute.

A copy of your high school transcript.

An essay (2-page maximum) detailing your plans to study a health-related field and how this scholarship could assist you in your education.