



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 Mercer County, Pennsylvania area high schools who are pursuing a post-secondary 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 2026 graduates of a Mercer County, Pennsylvania high school are eligible to apply for this scholarship. 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 2026 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, 2026**. 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.



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 (Must be Mercer County, PA): _____

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: _____

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

List any community volunteer activities: _____

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.