



**Frank Sabado, Jr., MD Tennis Classic Scholarship
WVU Medicine University Healthcare Foundation**

PURPOSE

The WVU Medicine University Healthcare Foundation established the scholarship with proceeds from the annual Frank Sabado, Jr., MD Tennis Classic. One student from each of the six public high schools in Berkeley and Jefferson Counties will receive this one-time scholarship. This scholarship is for students of high scholastic standing and character who have been accepted into or are pursuing an approved course of study to become a medical doctor.

The scholarship guidelines:

1. The \$2000 scholarship will be given to assist qualified and selected high school seniors attending college in a health related curriculum to become a physician.
2. Priority for scholarship aid will be given to the family members of WVU Medicine affiliate employees. Area students not associated with WVU Medicine may also apply.
3. The Tennis Classic Committee established the process for the selection of the six (6) scholarship recipients based on academic achievements, extracurricular activities, references and financial need. One student will be selected from each of the public high schools in Berkeley and Jefferson Counties.
4. This is a one-time scholarship awarded to a graduating senior. Funds for this scholarship are raised through the annual Frank Sabado, Jr., MD Tennis Classic, sponsored by the WVU Medicine University Healthcare Foundation.

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2020 Application

Please complete all items below. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The applicant assumes responsibility for ensuring that all of the requested information is received by the University Healthcare Foundation Scholarship Committee no later than March 31, 2020. The completed application should be mailed to Jody Wolfe, Scholarship Coordinator, WVU Medicine University Healthcare Foundation, 2500 Hospital Drive, Martinsburg, WV 25401.

Name	Last	First	Middle
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Address	Street	City/State	Zip Code
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Telephone	Sex	Birthdate
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Father's Name	Mother's Name
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Name and Address of College Planning To Attend

Class entering next semester (check one)
() Freshman () Sophomore () Junior () Senior

Field of Study

() American College Test (ACT) () Scholastic Aptitude Test (SAT)
Test taken (if testing has not been taken, please furnish dates you plan to take):

ACT: _____ SAT: _____

Transcripts forwarded to Scholarship Committee
() Yes Date: _____ () No Date Planned: _____

High School Attended	Dates	G.P.A.	Guidance Counselor
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School Address	Telephone Number
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Colleges Attended (if applicable)

Dates

G.P.A.

Please list school, church and community activities in which you participate. Also, list any projects, recognition received or academic and extra-curricular activities: _____

Personal and Professional Recommendations (list three):

Name

Address

Telephone

1. _____
2. _____
3. _____

Please describe the impact this scholarship will have on you and your family financially as you pursue a health career in medicine (minimum 250 words):

I hereby certify that the information set forth in this application is true to the best of my knowledge. Furthermore, I hereby give my permission for the University Healthcare Foundation to contact any Financial Aid Officer/Guidance Counselor or other advisor at any school in which I am enrolled, have been previously enrolled or to which I have made application, for the purpose of soliciting and obtaining information which may be necessary or helpful to the Scholarship Committee in understanding my academic career and financial needs in connection with the processing of this application or for purpose of auditing the use of scholarship funds received.

Signature

Date

Citizenship Status

U.S. () Other ()

Social Security Number

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Grade Report Form

All students seeking assistance through the University Healthcare Foundation Scholarship Committee are responsible for having the Grade Report Form completed by the appropriate educational institution. Please complete the following information:

Applicant:

Name	Last	First	Middle
Address	Street	City/State	Zip Code
Telephone	Social Security Number		

Student Status:
 High School Senior

Some College Credits Taken:
 High School Graduate

If the applicant is a high school senior or a high school graduate who has attempted less than 12 semester hours of college courses, please have the following information completed by a high school principal or guidance counselor, or:

Institution:

Graduate date (month/year) _____

G.P.A./List Semester _____

ACT Scores:

SAT Scores:

English _____
Math _____
Social Sciences _____
Natural Sciences _____
Composite _____

Verbal _____
Math _____
Combined _____

College Hours Attempted

Cumulative College G.P.A.

Is applicant making normal academic progress toward completion of his/her course of study according to established institution standards? () Yes () No If no, please explain:

Name of Institution (High School, College, University)

Address

Official's Signature

Date

Title

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Recommendation Form

The University Healthcare Foundation requires three (3) recommendations from individuals who may provide pertinent information regarding your candidacy as a recipient of a scholarship. Please deliver forms to those persons who know you well enough to provide the information requested. Include your signature on the line below if you wish to waive your rights under the Family Education Rights and Privacy Act of 1974.

Waiver

I have asked my personal/professional affiliate to complete the following questionnaire. I understand my rights under the Family Education Rights and Privacy Act of 1974, to examine letters received by you on my behalf. In order to encourage the author to write with candor, I waive the right of access under the aforesaid statute to any confidential statement the writer may submit. I understand the execution of the waiver is not a condition for the consideration of my application.

Applicant's Signature

Date

Instructions

The above named person is making application for a scholarship through the WVU Medicine University Healthcare Foundation Frank Sabado, Jr, MD Tennis Classic. As part of that procedure, the applicant is required to have the following questions completed by you. Please return the attached form to the applicant as soon as possible. Your information will assist the Scholarship Committee in making important decisions by giving us the benefit of your observations of the applicant based on personal knowledge. Unless the rights afforded by the Family Education Rights and Privacy Act of 1974 are waived by the applicant by the execution of the waiver above, the Scholarship Committee cannot assure the confidentiality of your comments.

Applicant's Name

Date

1. How long have you known the applicant and in what capacity?

2. Do you think the applicant has the potential to become a healthcare professional and a capacity for contribution to his/her community or school? Please explain:

3. Please give your candid evaluation of this applicant, including observations bearing upon the applicant's character and quality of his/her work habits.

4. Provide any additional information you think would be helpful in our evaluation of this applicant:

Additional data may be furnished by separate letter if desired.

Unless the waiver of their "Right of Access" has been executed, the Scholarship Committee cannot assure the confidentiality of your comments.

Signature

Date

Address

Title/Position

Telephone