



Pennsylvania Association of Medical Suppliers
1820 Linglestown Road
Harrisburg, PA 17110
(717) 909-1958 • Fax (717) 388-8446
kelly@pamsonline.org

Providing Quality Healthcare at Home

January 29, 2016

Dear School Administrator:

The Pennsylvania Association of Medical Suppliers (PAMS) is pleased to announce that we will once again award a \$1,000.00 scholarship to a deserving student who has overcome physical challenges with the help of home medical equipment and supplies.

The purpose of this scholarship is to recognize outstanding students who have been successful in their academic pursuits while overcoming their physical challenges with the help of home medical equipment such as wheelchairs, respiratory devices, diabetes devices, asthma devices, etc.

The criteria for this scholarship are:

- The applicant must be a resident of Pennsylvania or Delaware.
- The applicant is a high school senior.
- The award must be used toward a post-high school education program.

Please find enclosed a 2016 Annual Scholarship Application. You are permitted to make copies and distribute to the appropriate candidates. In order for a candidate to be considered, a completed application must be returned to the PAMS office by close of business, March 25, 2016. Applications may be sent via US Postal Service, fax or by email with all appropriate attachments included.

If you have any questions, you may contact the PAMS office at (717) 909-1958 or by emailing Kelly at kelly@pamsonline.org.

Thank you for your interest in this scholarship program and best wishes to you and your students.

Sincerely,

Thomas L. Sedlak
Executive Director



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2016 Annual Scholarship Application

To qualify for the \$1,000.00 scholarship awarded by the Pennsylvania Association of Medical Suppliers (PAMS), students must meet the following criteria:

- Applicant must be a resident of Pennsylvania or Delaware.
- Applicant must be a high school senior.
- Award must be used toward a post-high school education program.

The purpose of this scholarship is to recognize outstanding students who have been successful in their educational pursuits while overcoming physical challenges with the help of home medical equipment and supplies.

Please complete the following form in its entirety. **Include at least two letters of recommendation from professionals (these do not necessarily have to be teachers) who have knowledge of your experiences and achievements.** Submit all materials pertinent to this award. Return this application and all materials requested in ONE package postmarked no later than **Friday, March 25, 2016** to the address listed above. **Applications received after Monday, March 28, 2016 will not be accepted. Only complete packages will be considered.**

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone: _____ Email Address _____

NAME, ADDRESS & TELEPHONE NUMBER OF YOUR MEDICAL EQUIPMENT PROVIDER:

EDUCATION:

Please list Schools/Programs you have attended

Years of Completion

_____	_____
_____	_____
_____	_____



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WHERE & HOW DO YOU PLAN TO FURTHER YOUR EDUCATION?

PLEASE LIST ANY AWARDS, VOLUNTEER ACTIVITIES, & ACCOMPLISHMENTS PERTINENT TO THIS SCHOLARSHIP:

COMPOSE AND ATTACH A SHORT ESSAY THAT DESCRIBES YOUR EXPERIENCES WITH HOME MEDICAL EQUIPMENT (HME) AND HOW HME HELPS OR WILL HELP YOU PURSUE A HIGHER EDUCATION. *(NOTE: Please Type)*