



**Material Checklist and Instructions:**

In order to be considered, complete the required information outlined below.

- Complete the AMMP Scholarship Award application in its entirety.
- Obtain and submit proof of enrollment / registration from Bursar's office to mentioned school or program.  
*Applications without proof of enrollment/registration will not be reviewed*
- Obtain and submit proof of course costs or related educational expenses.
- Write and submit 2-3 page Personal Statement.
- Obtain one personal reference letter (from your BWH/BWFH co-worker, professor, etc. No relatives).  
Use attached form and process.
- Obtain one professional reference letter (from your BWH/BWFH manager, supervisor, or senior leader).  
Use attached form and process.

Your complete application packet should include all of the required information outlined below. It is also important that your employee ID # is on every page. Incomplete application packets will not be reviewed.

**Inter-office Mailing Address**

Brigham and Women's Hospital  
Center for Community Health and Health Equity  
ATTN: Shirma Pierre

**Regular Mailing Address**

Brigham and Women's Hospital  
Center for Community Health and Health Equity  
ATTN: Shirma Pierre  
41 Avenue Louis Pasteur  
Boston, MA 02115

**Application deadline for the 2018 scholarship award is August 8, 2018.**

*AMMP Scholarship Award Application Packet*  
*Please e-mail general questions to [BWHAMMP@Partners.org](mailto:BWHAMMP@Partners.org)*  
*Last updated 06/2018*  
*Employee ID: \_\_\_\_\_*



Association of Multicultural Members of Partners

AMMP SCHOLARSHIP APPLICATION

DEMOGRAPHIC INFORMATION (Please print clearly.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee ID#: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Partners Institution: \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

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

SELF-IDENTIFICATION (This section is optional and will only be used for internal reporting purposes.)

Gender: \_\_\_\_\_

- Asian/Pacific Islander Black/African American Latina/Latino Native American/Alaskan Native White Two or More Races Other (please indicate): \_\_\_\_\_

\*Please attest to the following eligibility statements before completing this AMMP Annual Scholarship application.

I am a benefits eligible employee who is enrolled in or accepted into an undergraduate degree/certificate program. I have been continuously employed with BWH/BWFH for at least one year, and am in good standing, with no corrective action initiated within the past year.

Please review and complete all sections of this application!

- Please indicate if you are applying for the first time or re-applicant: First-Time Re-applicant
If you are a re-applicant, please indicate if you were a recipient: Awarded Not-awarded
If you were awarded, what year? what amount?

If you were awarded, what commitments were you able to meet? (Please check all that apply):

- Volunteered for at least 2 AMMP sponsored events
Attended at least 6 AMMP general body meetings in a given year and contributing ideas
Took on leadership roles within AMMP by serving on committees or serving on the board
Provided a progress report at a Spring general body meeting on how the scholarship has enhanced the pursuit of my academic goals and my contributions to AMMP

- Are you currently an AMMP Member? YES NO
Have you been an AMMP Member in the past? YES NO
If you are/have been an AMMP Member, from what year? to what year?

Please list any volunteer experience/activities at BW/F or outside of work:



Association of Multicultural Members of Partners



How did you hear about the AMMP scholarship?

AMMP e-mail  AMMP Website  BWH Communication  WFD Event  Colleague  \_\_\_\_\_

ACADEMIC INFORMATION

Please specify the name of the program/major you are currently, or will be enrolled in:

\_\_\_\_\_

School Address (Include City, State) \_\_\_\_\_

- Please indicate the type of program:  Certificate Program  Associate Degree  Bachelors Degree
Are you currently attending this school?  YES  NO
If NO, what is your expected date of enrollment? \_\_\_\_\_

Program start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated date of completion of certificate/degree: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total estimated tuition for 2018-2019: \$\_\_\_\_\_ Total fees: \$\_\_\_\_\_

Documentation for itemized expenses from your school and/or receipt of textbook purchases (whichever applies) must be submitted along with this application.

APPLICATION DEADLINE AND NOTIFICATION

The deadline for submitting applications is August 8, 2018. Employees will receive notification by AMMP in September. Funds will be paid out at Scholarship Reception.

All information should be submitted to AMMP in one of the following ways:
Interoffice mail: Brigham and Women's Hospital Center for Community Health and Health Equity
41 Avenue Louis Pasteur, Boston, MA 02115 ATTN: Shirma Pierre
US Mail: Brigham and Women's Hospital Center for Community Health and Health Equity
ATTN: Shirma Pierre 41 Avenue Louis Pasteur, Boston, MA 02115
Email: BWHAMMP@Partners.org

My signature below indicates that the information contained in this application is correct and honestly presented. If I am the recipient of an AMMP Scholarship Award, I agree to the expectations outlined in the overview pages.

Employee's Signature

Date



## Association of Multicultural Members of Partners

### Essay

The essay section of this application gives you an opportunity to present yourself to the selection committee in a way that grades and test scores cannot. The selection committee uses your essay to determine your ability to organize your thoughts and present yourself in a clear and concise manner.

Essay requirements:

- ❑ 2-3 pages
- ❑ Typed in 12 pt. font size
- ❑ Double spaced
- ❑ Essay must address the following questions:
  - How does the mission of AMMP relate to your goals?
  - What would the immediate impact of the AMMP Scholarship Award be on your educational/career goals?
  - Why should you be considered for the scholarship Award?

For assistance or clarification, please send an e-mail to [BWHAMMP@Partners.org](mailto:BWHAMMP@Partners.org).



Association of Multicultural Members of Partners

**Assessment Form A: Reference Letter**

Applicant name: \_\_\_\_\_

To Whom It May Concern:

The person named above is applying for an AMMP Scholarship Award. AMMP is the Association of Multicultural Members of Partners at BWH. It is a volunteer organization open to all Partners employees who are committed to the recruitment, retention, development, and advancement of multicultural professionals into leadership roles throughout the Partners organization.

The AMMP Scholarship Award is one way to promote the mission of AMMP. The purpose of the scholarship is to expand access to career opportunities at Partners HealthCare System, Inc (BWH, Dana-Farber, Faulkner) by assisting under-represented non-professional staff members in obtaining a professional certificate, associates or baccalaureate degrees.

As part of the application process for the AMMP Scholarship Award, the applicant must obtain references. Please complete the attached assessment form to serve as a reference for the applicant. Your candid feedback of this applicant will assist us in determining their eligibility.

The completed assessment form should be returned in a sealed envelope directly to the applicant. Please be sure to print your name and the employee # on the outside of the sealed envelope.

The following page should be used to assess the candidate. If needed, additional pages should be attached for comments.



**Assessment Form B: Personal Reference**

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

1. Please use the rating scale below to help us understand the characteristics of applicant. Place an X in the appropriate box.

	Well Below Average	Below Average	Average	Above Average	Well Above Average	No Basis For Judgment
1. Reliability						
2. Written communication skills						
3. Verbal communication skills						
4. Scholastic ability						
5. Imagination and probable creativity						
6. Ability to work well with others						
7. Leadership skills						
8. Potential for professional growth within BWF						

2. What are some of the applicant's strengths?  
\_\_\_\_\_  
\_\_\_\_\_

3. What are some of the applicant's areas for development?  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there anything else that the selection committee should know about the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_



Assessment Form C: Professional Reference

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

1. Please use the rating scale below to help us understand the characteristics of applicant. Place an X in the appropriate box.

Table with 8 rows of characteristics and 7 rating columns: Well Below Average, Below Average, Average, Above Average, Well Above Average, No Basis For Judgment.

5. What are some of the applicant's strengths? \_\_\_\_\_

6. What are some of the applicant's areas for development? \_\_\_\_\_

7. Is there anything else that the selection committee should know about the applicant? \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_