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 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:

____________________________________________________________________________

____________________________________________________________________________
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
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.
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 BW/F. 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.

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<th>Characteristic</th>
<th>Well Below Average</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Well Above Average</th>
<th>No Basis For Judgment</th>
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<td>2. Written communication skills</td>
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<td>5. Imagination and probable creativity</td>
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<td>6. Ability to work well with others</td>
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<td>7. Leadership skills</td>
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<td>8. Potential for professional growth within BWF</td>
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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: _____________________________

AMMP Scholarship Award Application Packet
Please e-mail general questions to BWHAMMP@Partners.org
Last updated 06/2018
Employee ID: _____________________________
Association of Multicultural Members of Partners

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.

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<th>Above Average</th>
<th>Well Above Average</th>
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5. What are some of the applicant’s strengths?
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________________________________________________________________________________

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

Print Name: ____________________________
Signature: ____________________________  Date: ____________________________
Institution: __________________________  Department: __________________________

AMMP Scholarship Award Application Packet
Please e-mail general questions to BWHAMMP@Partners.org
Last updated 06/2018
Employee ID: __________________________