

2024 PAMS Annual Julie Sullivan Memorial Scholarship Award

Application Form

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.

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 (proof of enrollment required)
- Applicant must use or have used HME Equipment in the past.

Please send the following to be considered for this award:

- 1. The completed application
- 2. At least <u>two letters</u> of recommendation from professionals (these do not necessarily have to be teachers) who have knowledge of your experiences and achievements
- 3. Proof of post-secondary enrollment

Only the application, essay, two reference letters and proof of post-secondary enrollment are required for this award. Please do not send any other materials.

Return this application and all materials requested, postmarked no later than **Friday, March 8, 2024,** to:

Pennsylvania Association of Medical Suppliers 185 Newberry Commons, #268 Etters, PA 17319

Applications received after Monday, March 11, 2024 will not be accepted.

Only complete packages will be considered.



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	GENERAL INFO	RMATION	
Name:			
Mailing Address:			
Telephone:	Email:		
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			TION
Company Name:			
Mailing Address:			
Telephone:			
	EDUCATIO	ON	
Schools/Programs you have atter	nded:		Years of Completion
WHERE AND HOW DO	YOU PLAN TO I	FURTHER YOUR E	DUCATION?



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PLEASE LIST ANY AWARDS, VOLUNTEER ACTIVITIES AND 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