

CVS Health Foundation 2021-22 Scholarship Program for Children of Full-Time CVS Health Colleagues

TPI CVS Health Foundation Scholarship Program

Scholarship Description

CVS Health has a long tradition of supporting the academic aspirations of young scholars. One of the ways we achieve this is by offering children of full-time colleagues the opportunity to apply for a CVS Health Foundation Scholarship, funded by the CVS Health Foundation. The future success of our company, the health of our community, and the overall prosperity of our economy relies heavily on our educational system and its accessibility to students. We are proud that this program has helped hundreds of students achieve their goal of furthering their education.

Requirements

Eligibility Checklist

- The student is a dependent child of a full-time (30+ hours) CVS Health colleague.
- The student is either a high school senior or current college student who will be enrolled during the 2021-2022 school year in a 2 or 4 year accredited U.S. based college, junior college or university leading to a recognized undergraduate degree.
- The student's parent is a full-time colleague at the application deadline.

Application Materials

- Online Application (including student essay)
- Transcript: High school transcript from **all applicants** and college transcript for students already in college students who are already in must **ALSO** submit a copy of their most recent college transcript.
- Teacher/Faculty or Guidance Counselor Recommendation Letter
- Student Aid Report (SAR) from FAFSA
- Most recently available financial aid award letter from college (if applicable)
- SAT and/or ACT Test Scores: Test scores this year are *optional* and can be included in the application and a copy of scores would need to be uploaded to the application if you choose to add your scores

Instructions

Thank you for your interest in the CVS Health Foundation Scholarship Program.

Please note that this application needs to be filled out by the student, NOT the CVS Health Colleague.

When filling out your application, **read all questions and instructions carefully. Proper punctuation and standard capitalization (Michael Baker 102 High Street Boston, MA 02115) must be used when entering data.**

If you choose to upload a document, you must use .doc, .docx, or .pdf file types. Please keep the following in mind:

- Questions marked with an asterisk (*) are required. If a question is not applicable please write N/A. You will not be able to submit your application until all required questions are answered.
- All attachments must be submitted in **.pdf, .doc or docx format**
- If you would like to save your application, please click the ***Save as Draft*** button at the bottom of the page. If you would like to return to your application on a later date, you may do so by logging in and clicking on your application under your contact information. It will be marked Draft until you submit it.
- If you would like to print a blank copy of this application, please click on the ***Print Question Legend*** button at the top of the page.
- If you would like to save a copy of this application with your answers included, please click on the ***Application Packet*** button at the top of the page.
- Once you **submit** your application, you will receive an email confirming its receipt.

Only Complete Applications Will Be Reviewed

- Important: Review your application before clicking "submit". Make sure all attachments upload correctly and your answers are clear. To do this, click on the "Application Packet" button in the top right-hand corner of the page. This will allow you to view your application in the form the reviewers will see it. ***Applications that have blank, unreadable attachments or don't load correctly will not be considered. It is very important that you look over your application to make sure everything has been properly submitted.***

Character Limit: 250

Please note the due date of April 30, 2021 by midnight EST for all applications.

If you have questions about the CVS Health Foundation Scholarship Program, please email the CVS Health Foundation at CVSHealthFoundation@cvshealth.com.

If you have questions about the online application process, please contact CVSscholarship@tpi.org.

1. Student Information

Student Applicant Name*

Please enter the student applicant's full name.

Character Limit: 100

Date of Birth*

Character Limit: 10

Gender*

Please select how you identify

Choices

Male

Female

Other / prefer not to identify

Race/Ethnicity

Please select how you identify; you may select multiple options.

Choices

White

Black / African-American

Hispanic / Latino

Asian

Middle Eastern or Northern African

Pacific Islander

Native American

Prefer not to answer / other

High school or college?*

Are you currently attending high school or college?

Choices

High School

College

High School

Name of high school attended or presently attending.

Character Limit: 250

Cumulative High School GPA Weighted*

Provide your most recent or final cumulative GPA as reflected on your transcript. Please include grading system (i.e. 3.4/4.0).

Character Limit: 100

Cumulative High School GPA Unweighted*

Provide your most recent or final cumulative GPA as reflected on your transcript. Please include grading system (i.e. 3.4/4.0).

Character Limit: 250

Current College GPA -- For students currently in college

Provide your current cumulative college GPA. This question applies to applicants currently enrolled in college and does not apply to current high school seniors. Please include grading system (i.e. 3.4/4.0).

Character Limit: 100

SAT Score-Evidence Based Reading and Writing

Including test scores is optional for 2021 applications

Range 200-800. Please enter 0 if not applicable

Character Limit: 250

SAT Score-Math

Including test scores is optional for 2021 applications

Range 200-800. Please enter 0 if not applicable

Character Limit: 250

SAT Score-TOTAL OUT OF 1600

Including test scores is optional for 2021 applications

Range 400-1600. Please enter 0 if not applicable.

Character Limit: 100

ACT Comp Score

Including test scores is optional for 2021 applications

Please enter 0 if not applicable.

Character Limit: 100

Transcripts*

All Applicants: please upload your current or final high school transcript.

Applicants Currently in College: please upload your college transcript in addition to your final high school transcript.

To upload a document, you must use .doc, .docx, or .pdf file types.

File Size Limit: 3 MB

File Size Limit: 3 MB

SAT and/ or ACT scores

Including test scores is optional for 2021 applications

Upload an official copy (mailed to you or printed online) of your SAT and/ or ACT test scores.

File Size Limit: 3 MB

File Size Limit: 3 MB

2. CVS Health Colleague Information

Proper punctuation and standard capitalization (**M**ichael **B**aker 102 **H**igh **S**t. **B**oston, **MA** 02115) must be used when entering data.

Name of Parent or Guardian Employed Full-time by CVS Health*

Character Limit: 100

Home Address 1*

Character Limit: 100

Home Address 2 (Apartment or Suite Number)

Character Limit: 10

Home City*

Character Limit: 15

Home State (ex. CA)*

Character Limit: 2

Home Zip Code*

Character Limit: 10

Department*

Example: Finance Department

Character Limit: 100

Work location/store number*

Character Limit: 150

Parent/Guardian: Job Title*

Character Limit: 100

Date of Hire*

Character Limit: 10

CVS Health Colleague ID number of Parent or Guardian*

Character Limit: 25

Email Address of CVS Health Colleague*

Character Limit: 254

3. College Information

Please answer the following questions about the college or institution you plan on attending during the 2021-22 school year.

Name of College or Institution*

Name of top choice college you plan on attending during the 2021-2022 school year.

Character Limit: 250

College - Location (ex. Boston, MA)*

City, State

Character Limit: 50

Status

Have you been accepted to your top choice college for the Fall 2020 semester?

Character Limit: 250

Other College Choices

If you are not sure, please list your top colleges in order of preference and indicate if accepted or waiting for a decision.

Character Limit: 5000

Are you planning to attend*

Choices

Full time

Part time

Anticipated major or course of study*

Character Limit: 50

Expected undergraduate graduation date*

This question is for all applicants. (Example: MM/YYYY)

Character Limit: 50

4. Other Scholarships

Please list all other scholarships you have applied to or are receiving for the 2021-22 school year

Please include:

- Name of scholarship
- Amount
- One-time or annual
- Application status

Character Limit: 5000

5. Extracurricular, Work and Community/ Volunteer Experience

Please fill out the following information about your extracurricular, community/volunteer, and work experiences. A sample entry could look like this.

Extracurricular

Memorial High School Marching Band; trumpet player; grades 10, 11, 12; 4 hours per week for 3 months.

Work

Sunshine Camp; summer camp counselor; June 25, 2020-August 31, 2020; 30 hours per week for 8 weeks.

Community/Volunteer

Brookside Elementary School; first grade reading tutor; grades 11 & 12; 6 hours per week after school for 4 months.

If you don't have anything to list in a particular section please write N/A.

If you would prefer, you may attach your resume at the bottom instead of filling out the individual fields.

Extracurriculars

Please list any extracurricular activity or activities in which you have participated, including which grades/years, hours, and duration.

Character Limit: 5000

Community Service

Please list any community or volunteer service you have done, including which grades/years, hours, and duration.

Character Limit: 5000

Work

Please list any work positions you have held, including the years, hours, and duration of each position.

Character Limit: 5000

Resume

You are welcome to include a copy of your resume instead of filling out the information above if you feel it provides a better representation of your experiences.

File Size Limit: 2 MB

6. Essays

Essay*

Please include your college application essay or describe how your experiences to date have shaped your education, career and long-term goals (750 words or less).

File Size Limit: 2 MB

Unusual situations or family circumstances

Please feel free to describe any unusual situations or family circumstances you would like to be considered, if applicable (non-financial situations - you will have the opportunity to detail specific unusual financial situations in the next section). (250 words or less).

Character Limit: 1500

7. Financial Information

An incomplete financial information questionnaire may result in disqualification. If a question does not apply, please indicate with N/A or 0. The CVS Health Scholarship Program takes into consideration many factors when selecting finalists and determining scholarship amount. If you would like financial need to be considered by the independent review committee, please include a copy of your Federal Student Aid Report (SAR) for the 2021-2022 academic year. The SAR provides information on expected family contribution and family financial data. You can obtain your SAR by filling out the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov. More information should be available at your school's guidance office or college's financial aid office or the public library, or by calling 1-800-4-FED-AID. Do not leave any spaces blank.

Parent 1 name*

Character Limit: 50

Parent 1 occupation*

Character Limit: 60

Parent 1 employer*

Character Limit: 60

Parent 1 employment status*

Choices

Full-time

Part-time

N/A

Parent 1 gross income for 2020*

Character Limit: 20

Parent 1 estimated 2021 gross income*

Character Limit: 20

Parent 1 - special information

Choices

Unemployed

Retired

Deceased

Unknown

Parent 2 name*

Character Limit: 60

Parent 2 occupation*

Character Limit: 60

Parent 2 employer*

Character Limit: 60

Parent 2 employment status*

Choices

- Full-time
- Part-time
- N/A

Parent 2 gross income for 2020*

Character Limit: 20

Parent 2 estimated 2021 gross income*

Character Limit: 20

Parent 2 - special information

Choices

- Unemployed
- Retired
- Deceased
- Unknown

Siblings in college*

Number of siblings attending college in 2021-2022.

Character Limit: 2

Total number of people supported with the family income(s) listed above?*

Character Limit: 3

Does the parent you live with own their home?*

Choices

- Yes
- No

Do your parents own any other real estate?*

Choices

- Yes
- No

Appraised value of family's total real estate holdings*

Character Limit: 20

Value of family's other assets (ex. cash, savings, stocks, investments, etc.)***Choices**

Less than \$50,000
\$50,000 to \$100,000
Greater than \$100,000
N/A

Gross income of custodial parents in 2020*

Household income of the family where you reside most of the time.

Note: "gross income of custodial parents" means the income of the parent(s) with which you live. If you live with a parent who has remarried, your step parent's income should also be included.

Character Limit: 20

Estimated 2021 gross income of custodial parents*

Character Limit: 100

Did you complete the Free Application for Federal Student Aid (FAFSA)?*

If yes, you will be asked to attach a copy of your Student Aid Report (SAR) and list the Expected Family Contribution (EFC) from your FAFSA Student Aid Report (SAR) in the next section. If no, please provide a reason for not completing the FAFSA in the next question.

Choices

Yes
No

Reason for not completing the FAFSA

If you did not complete the Free Application for Federal Student Aid, please explain why.

Character Limit: 1500

Family Adjusted Gross Income from FAFSA*

Found on the Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR). Family Adjusted Gross Income is listed as number 85 on your FAFSA. If you did not complete the FAFSA, please write N/A.

Character Limit: 30

Expected Family Contribution (EFC) from FAFSA*

EFC is found on the student's Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR). The Expected Family Contribution (EFC) is listed at the top of the first page and is next to your name. If you did not complete the FAFSA, please write N/A.

Character Limit: 100

FAFSA Student Aid Report (SAR)

This document will be approximately five pages long. Please submit the ENTIRE document. To upload a document, you must use .doc, .docx, .pdf, or .jpeg file types.

File Size Limit: 4 MB

Please complete the following information based on the college you plan to attend next year.

Cost of Attendance for the 2021-2022 school year:

Tuition & Fees*

Character Limit: 20

Room & Board*

Character Limit: 20

Books & Supplies*

Character Limit: 20

Other costs

Character Limit: 20

TOTAL COST OF ATTENDANCE*

Character Limit: 20

Living situation*

Choices

On campus

Off campus

At home

Resources available for the 2021-2022 school year:

Scholarships & Grants*

Character Limit: 20

Loans*

Character Limit: 20

Family contribution*

Character Limit: 20

Student contribution*

Character Limit: 20

Other contributions

Character Limit: 20

TOTAL RESOURCES AVAILABLE*

Character Limit: 20

Financial Aid Award Letter

Please upload your financial aid award letter from your college, for the upcoming 2021-2022 year, if it is available.

Students already in college should upload their financial aid award letter from the prior year if the upcoming financial aid award letter is not available yet. Students entering college for the first time, should upload a copy of their financial aid award letter, if available.

File Size Limit: 3 MB

Unusual Financial Circumstances (optional)

If applicable, please explain any unusual circumstances that might specifically affect your financial situation.

Character Limit: 1000

* All financial information will be treated confidentially. The information will be reviewed by an independent selection committee who will assist in determining scholarship amounts.

Certification

All of the information on this form is true and complete to the best of my knowledge.

Electronic Signature of Applicant*

Please type your full name.

Character Limit: 50

Today's Date*

Character Limit: 10

Electronic Signature of CVS Health colleague/parent*

Please have your CVS Health colleague/parent type their full name.

Character Limit: 50

Today's Date*

Character Limit: 10

Once your application is submitted, you may view your application at any time by returning to your online account. However, you will not be able to make any changes.

8. Teacher/Faculty Recommendation Letter

Teacher/Faculty Recommender - Email*

Please enter the email address of your reference below, then click "Compose Email" to send them a personal email asking them to be a reference. They will receive a second email from this system which will include a link for them to upload a letter of recommendation. Please inform your reference to check their spam folder as well. Below are generic instructions for you to copy and paste into your email if you'd like to use them. If your recommender does not receive the email, they can email the letter of recommendation to CVScholarship@tpi.org.

Thank you for taking the time to serve as a reference for me for the CVS Health Scholarship Program. You'll be receiving another email from "administrator@grantinterface.org" which will include a link. This link will provide instructions on how to upload your recommendation to my application. The application is due **Friday, April 30th, 2021 by midnight.**

Character Limit: 254

Thanks for taking the time to submit this information on the students behalf. Your letter of recommendation are not seen by the applicant, only staff and a review committee members so feel free to give honest feedback.

Deadline for feedback is Friday, April 30th, 2021 by EST.

Complete Teacher/Faculty Recommendation Letter*

Please upload the complete recommendation letter. This document will not be visible to the applicant.

To upload a document, you must use .doc, .docx, or .pdf file types.

File Size Limit: 2 MB

Applicant Name*

Character Limit: 100

Teacher/Faculty - Recommender Name*

First and last name.

Character Limit: 100

Teacher/Faculty Recommender - Relationship to applicant*

Please provide information regarding your relationship (i.e. teacher, faculty member, school administrator etc.) and length of time you have known the student.

Character Limit: 250

 **Teacher/Faculty Recommender - Email***

Please provide an email address where you can be easily contacted should the review committee require additional information.

Character Limit: 254