

# CVS Health Foundation 2024-25 Scholarship Program for Children of Full-Time CVS Health Co...

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## *TPI CVS Health Foundation Scholarship Program*

### *Scholarship Description*

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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. Our Children of Colleagues Scholarship Program aims to help support our full-time colleague's children in their pursuit of higher education by relieving the financial burden. Applicants must be pursuing an undergraduate degree at an accredited school in the United States; the program does not offer support to students attending graduate school. Scholarship award amounts will be up to \$7,500.

Award amounts are determined based on school costs and financial need. There are a limited number of \$1,000 merit-based scholarships available for students who have no demonstrated financial need but have an exceptional academic record. Applicants must include a copy of their FAFSA Submission Summary if they would like financial need to be considered as part of their application. Due to an IRS regulation on scholarship funding by corporations for children of colleagues, the program is required to limit the number of scholarships awarded to a maximum of 25% of applications received.

An independent review committee made up of higher education and financial aid professionals will select scholarship recipients. The committee will take into consideration academic achievement, financial need, talent and leadership qualities, extracurricular activities, work experience, community service as well as a recommendation letter and written essay. Students who receive a scholarship are invited to apply for scholarships in subsequent years, with the knowledge that the application will be reviewed in the context of each year's pool of applicants in keeping with the IRS limitations of scholarships awarded.

The program is administered by The Philanthropic Initiative. If you have questions about the online application process, please contact [CVScholarship@tpi.org](mailto:CVScholarship@tpi.org) or call 617-338-5898.

## *Scholarship Program Guidelines*

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### **Eligibility Checklist**

- The student is a dependent child of a full-time CVS Health colleague. Children are defined as natural and legally adopted children, stepchildren, or foster children under legal guardianship of the CVS Health colleague parent/guardian.
- The student is either a high school senior or current college student who will be enrolled during the 2024-25 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 must be planning to attend school both semesters in order to be eligible for the program.
- The student's parent is a full-time colleague (30 plus hours per week) at the application deadline.
- The student must be under age 25 at the time of the application deadline.

### **Required Application Materials**

- Completed online application. Please note that students will need to create a login for the application portal using their name and email address. Students should complete the online application; the CVS Health Colleague is not required to complete the application. Incomplete applications will not be considered.
- Student essay. High school seniors may upload their college application essay. Current college students will submit an essay answering a prompt about their educational and career goals.
- Transcript. Applicants will need to provide their high school or college transcript.
- Recommendation letter. The recommendation letter should be written by a guidance counselor, teacher, or another adult who knows the applicant well. The recommender cannot be a relative of the applicant.

### **Optional Materials**

- Financial aid award letter from college. Applicants are encouraged to provide this information if at all possible. Current college students who do not have an award letter for the 2024-25 school year can provide their award letter from the previous year.
- FAFSA Submission Summary. A limited number of \$1,000 scholarships are available for students who have not demonstrated financial need. Please include a copy of your FAFSA Submission Summary, if you would like financial need to be considered as part of your application for a scholarship.
- SAT and/or ACT Test Scores: Test scores are optional. If you choose to include your scores, a copy of your test results needs to be uploaded to the application.

## *Instructions for the Application*

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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.**

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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 24, 2024 by 5 pm Eastern Daylight Time for all applications.

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

## 1. Student Information

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### Student Applicant Name\*

Please enter the student applicant's full name as it appears on legal documents.

Character Limit: 100

### Student preferred email address\*

Please note that all scholarship decisions will be sent out via email to this email address. Please ensure that the address is accurate and one that you will have access to during the summer.

Character Limit: 254

### Date of Birth\*

Character Limit: 10

Your responses to the demographic questions below are voluntary. The collection of data informs our understanding of the applicant population. However, the requested data is not considered in the scholarship selection process.

### Gender\*

Please select how you identify

#### Choices

- Male
- Female
- Nonbinary
- Other
- Prefer not to answer

### 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  
Other  
Prefer not to answer

### 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*

### Year in school for the 2024-25 school year\*

What year of college will you be entering for the upcoming 2024-25 school year?

#### Choices

First year  
Second year  
Third year  
Fourth year

### 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*

### Challenging Courses\*

If you are in high school, please list any Advanced Placement (AP), honors, or early college courses that you have taken or are currently enrolled in.

CVS Health Foundation 2024-25  
Scholarship Program for Children of  
Full-Time CVS Health Co...

If you are a current college student, please list any especially challenging courses that you have taken or are currently enrolled in. Please provide a brief description of all courses.

*Character Limit: 250*

## Transcripts

**All Applicants:** all applicants must upload either their high school or college transcript. Applications without a transcript will be considered incomplete. The transcript can be an unofficial transcript or grade report, as long as it includes information on classes taken and grades received during all four years of high school.

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

### High School Transcript

If you are a current high school student, please upload your high school transcript. Applications without a transcript will be considered incomplete.

### College Transcript

If you are a current college student, please upload your college transcript. Applications without a transcript will be considered incomplete.

*File Size Limit: 3 MB*

### SAT Score-Evidence Based Reading and Writing

*Including test scores is optional*

Range 200-800. Please enter 0 if not applicable

*Character Limit: 250*

### SAT Score-Math

*Including test scores is optional*

Range 200-800. Please enter 0 if not applicable

*Character Limit: 250*

### SAT Score-TOTAL OUT OF 1600

*Including test scores is optional*

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

*Character Limit: 100*

### ACT Comp Score

*Including test scores is optional*

Please enter 0 if not applicable.

*Character Limit: 100*

## **SAT or ACT Scores Upload**

***Including test scores is optional***

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

*File Size Limit: 2 MB*

## ***2. Extracurricular, Work and Community/ Volunteer Experience***

Please fill out the following information about your extracurricular, community/volunteer, and work experiences. Please highlight any leadership positions that you hold or have held. 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*

## 3. College Information

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Please answer the following questions about the college or institution you plan on attending during the 2024-25 school year.

### Name of College or Institution\*

Name of top choice college you plan on attending during the 2024-2025 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 2024 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

### Do you plan to attend school during both the fall and spring semesters?\*

If you are taking a semester off or have other special circumstances, please explain those below.

*Character Limit: 250*



**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

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

Please include:

- Name of scholarship
- Annual amount
- One-time or renewable
- Application status

*Character Limit: 5000*

#### 5. Financial Information

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**Please note:** If a question does not apply, please indicate with N/A or 0. Do not leave any spaces blank.

**CVS Health employed parent or guardian occupation\****Character Limit: 60***CVS Health employed parent or guardian employment status\***

Please note that to be eligible for this scholarship your parent must be a full-time employee of CVS Health.

**Choices**

Full-time

Part-time

**CVS Health employed parent or guardian gross income for 2023\****Character Limit: 20*

## Parent 2 occupation\*

*Character Limit: 60*

## Parent 2 employment status\*

### Choices

Full-time

Part-time

Unemployed

Retired

Deceased

Unknown

## Parent 2 gross income for 2023\*

*Character Limit: 20*

## Siblings in college\*

Number of siblings attending college in 2024-25

*Character Limit: 2*

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

*Character Limit: 3*

## Unusual Financial Circumstances (optional)

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

*Character Limit: 1000*

## FAFSA Information

**Important:** If you do not upload your FAFSA you will only be considered for a \$1,000 merit scholarship, unless you are a non-US-citizen who is not eligible for the FAFSA.

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 FAFSA Submission Summary. The Submission Summary provides information on expected family contribution and family financial data. You can obtain your Submission Summary by filling out the Free Application for Federal Student Aid (FAFSA) online at <https://studentaid.gov/h/apply-for-aid/fafsa>. More information should be available at your school's guidance office or college's financial aid office if you have any questions about the FAFSA.

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

If yes, you will be asked to attach a copy of your Submission Summary and list the Expected Family Contribution (EFC) from your FAFSA Submission Summary in the next section.

If no, please provide a reason for not completing the FAFSA in the next question.

### Choices

Yes

No

## Why did you not complete the FAFSA?

### Choices

I am a non-citizen on a visa who is not eligible for federal aid

My family finances mean that I am not eligible for federal aid

I did not know about the FAFSA

## Reason for not completing the FAFSA

You can provide more information here about why you did not complete the Free Application for Federal Student Aid here.

*Character Limit: 1500*

## Family Adjusted Gross Income from FAFSA\*

This can be found on the FAFSA Submission Summary.

If you did not complete the FAFSA, please write N/A.

*Character Limit: 30*

## Student Aid Index (SAI) from FAFSA\*

If you did not complete the FAFSA, please write N/A.

*Character Limit: 100*

## FAFSA Submission Summary

***If you do not upload your FAFSA Submission Summary, you will only be considered for a \$1,000 merit scholarship.***

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

*File Size Limit: 7 MB*

## Total Cost of Attendance at your College\*

Please list the total cost of attendance for the 2024-2025 school year at the college you plan to attend. Please note that this information is typically listed on a college's website. This includes tuition, fees, room, board, books, and supplies.

*Character Limit: 20*

## Anticipated Living situation\*

### Choices

- On campus
- Off campus
- At home

## Financial Aid Award Letter

Please upload your financial aid award letter from your college, for the upcoming 2024-2025 year, if it is available. Applicants are encouraged to provide this information, if at all possible.

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*

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

## 6. Essays

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### Essay\*

If you are a high school senior, you may include your college application essay here.

If you are a current college student or a high school student who would prefer to not upload your college essay, please write an essay answering the following prompt. Write an essay about your educational and career goals, aspirations for the future, and how you plan to obtain them (750 words or less).

If you have applied to this scholarship previously, you must use a different essay from the essay you submitted for your previous application.

*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). (250 words or less).

*Character Limit: 1500*

## 7. CVS Health Colleague Information

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Proper punctuation and standard capitalization (Michael Baker 102 High St. Boston, MA 02115) must be used when entering data.

### Relationship of the CVS Health Colleague to applicant\*

What is the CVS Health colleague's relationship to you? Example: mother, father, guardian, etc

*Character Limit: 75*

### 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*

### Business Unit/Department\*

Please select one of the options below. If you are unsure which option to select, please reach out to [cvsscholarship@tpi.org](mailto:cvsscholarship@tpi.org).

- CVS retail
- CVS Shared Services
- CVS Corporate
- Caremark
- Aetna
- OCR (Omnicare)
- Minute Clinic
- Distribution Center

#### Choices

- CVS retail
- CVS Shared Services
- CVS Corporate
- Caremark

Aetna  
OCR (Omnicare)  
Minute Clinic  
Distribution Center

**Work location/store number\***

Either include the City and State or the 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\***

Please ensure that you enter your email address correctly as this email address will be used in future communications regarding this application.

*Character Limit: 254*

**Certification**

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**By signing below, you certify that:**

I certify that I meet the eligibility requirements of the program as described in the guidelines and that the information provided in this application is true, complete and correct to the best of my knowledge. I also certify that the views and experiences expressed in this application are my own.

**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.

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.

We expect to send out scholarship decisions in late June over email to all applicants.

## 8. Teacher/Faculty Recommendation Letter

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### Teacher/Faculty Recommender - Email\*

We recommend asking a guidance counselor, teacher, or another adult who knows you well to be your recommender. Your reference cannot be a relative.

We only require one letter of recommendation and will not review additional letters.

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 [CVSscholarship@tpi.org](mailto:CVSscholarship@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 **April 24, 2024 by 5 pm EDT**. Letters of recommendation should be submitted before the application deadline, but if necessary, the letter can be submitted up to a week after the deadline. **The latest that a letter of recommendation can be submitted is 5 pm EDT on May 1, 2024.**

*Character Limit: 254*

Thanks for taking the time to submit this information on the student's behalf. Your letter of recommendation is not seen by the applicant, only staff and review committee members so feel free to give honest feedback. Letters of recommendation should be submitted before the application deadline, but if necessary, the letter can be submitted up to a week after the deadline.

**The application deadline is midnight April 24, 2024. The latest that a letter of recommendation can be submitted is May 1, 2024.**

### **Complete Teacher/Faculty Recommendation Letter\***

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

The letter of recommendation should include your name, your relationship to the applicant, and how long you have known the applicant.

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

*File Size Limit: 2 MB*

SAMPLE