



## The Dr. Edgardo Lob Memorial Cancer Care Fund Scholarship

### Application Instructions

The UPMC Horizon Community Health Foundation is pleased to make the Dr. Edgardo Lob Memorial Cancer Care Fund Scholarship available to students graduating from a Mercer County, Pennsylvania area high school who are pursuing a postsecondary education in a health care field.

The Dr. Edgardo Lob Memorial Cancer Care Fund Scholarship is provided by the Fund of the same name at the UPMC Horizon Community Health Foundation. Dr. Edgardo Lob was a long-time resident of Greenville, Pennsylvania who spent his career helping those around him fight cancer. He was known for his personable and caring manner and enjoyed working with his patients and fellow healthcare providers. The Fund carries on the legacy of Dr. Lob and the many healthcare professionals and community members who support and serve patients battling cancer. The Foundation is proud to honor Dr. Lob's legacy and the community's commitment to making higher education affordable for local students through the administration of this scholarship.

**Students who are 2025 graduates of a high school in Mercer County, Pennsylvania are eligible to apply for this scholarship. Applicants must have at least a 3.3 cumulative GPA. In addition, applicants must be planning to begin pursuing a postsecondary education beginning in the Fall 2025 academic semester. Finally, applicants must be seeking a degree in a health care field.**

Students interested in applying for this scholarship should submit a completed application, along with a letter of reference, a copy of the student's high school transcript, a letter of acceptance from an accredited university, college or school, and an essay (maximum length of two pages) explaining the student's interest in studying health care, why they are pursuing their chosen field of study, what qualities make them a good fit for that field of study and why they are deserving of this scholarship. If the applicant or someone close to the applicant has dealt with cancer or a cancer diagnosis, the applicant is encouraged, but not required, to share how that diagnosis has impacted them and how that has affected their decision to pursue an education in a health care field. A request for an interview from the scholarship committee may follow. The scholarship committee will consider a number of factors when selecting recipients, including but not limited to:

- Academic achievements
- Community service
- School and extracurricular activities
- Character and integrity
- Noteworthy achievements
- Leadership

It is anticipated that a scholarship of up to \$2,000 will be made available to a selected scholarship recipient. Applications must be submitted to the Foundation by **April 1, 2025**. Scholarship winners will be notified by the committee upon final decision.

**UPMC Horizon  
Community Health**  
FOUNDATION



**UPMC Jameson  
Health Care**  
FOUNDATION

Please submit completed applications to:

UPMC Horizon Community Health Foundation  
Attn: Kelly Haux  
1211 Wilmington Avenue  
New Castle, PA 16105

**OR:** Email to [hauxkj@upmc.edu](mailto:hauxkj@upmc.edu).



## The Dr. Edgardo Lob Memorial Cancer Care Fund Scholarship Scholarship Application

### Applicant Information

**Full Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Education

**High School (Must be Mercer County, PA):** \_\_\_\_\_

High School Address: \_\_\_\_\_

Dates of Attendance – From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Anticipated Graduation: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Postsecondary Institute Planned to Attend: \_\_\_\_\_

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

Expected Major or Field of Study: \_\_\_\_\_

### Reference (No Family Members)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please attach one (1) letter of recommendation from a non-family member to this application.



High School Activities

List any academic honors, awards, or membership activities: \_\_\_\_\_

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List any hobbies, interests, extracurricular activities or school-related volunteer activities: \_\_\_\_\_

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List any community volunteer activities: \_\_\_\_\_

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College Related Financial Information

Anticipated Annual Tuition and Fees: \_\_\_\_\_

Other Scholarships Received: \_\_\_\_\_

Other Sources of Funding: \_\_\_\_\_

Signature

*I certify that my answers are true and complete to the best of my knowledge.*

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

Scholarship Application Checklist

A completed and signed application.

One (1) letter of reference.

A letter of acceptance to expected postsecondary institute.

A copy of your high school transcript.

An essay (2-page maximum) detailing your plans to study a health-related field and how this scholarship could assist you in your education, with an encouraged emphasis on how a cancer diagnosis or impact may have influenced your decision to pursue this career path.