



THE
**Healthcare
Council**

Collaboration.
Cooperation.
Education.

OMEGA LOGAN SILVA SCHOLARSHIP
\$5,000 (up to \$20,000 for four years)



**The Omega
Logan Silva
Scholarship
Fund**

The Healthcare Council

About the Scholarship

The Dr. Omega Logan Silva Scholarship fund honors the life and legacy of Dr. Silva and her passion for encouraging economically disadvantaged women to pursue a degree in health care – a cause she was passionate in supporting throughout the course of her career.

Dr. Omega Logan Silva began her graduate medical education in 1967 with the first group of interns in internal medicine at the Department of Veterans Affairs Medical Center in D.C. She became a Fellow in Endocrinology in 1970 and started a research career in the VA's laboratory as the first African American woman Research Associate in the Department, advancing to also become the first African American Clinical Investigator doing work on the hormone calcitonin. Dr. Silva and

her collaborators were the first to describe the production of calcitonin from small cell carcinoma of the lung in humans in 1974 published in the New England Journal of Medicine. As the Assistant Chief of Endocrinology, she ran the Diabetic Clinic from 1977-1996. She was professor of Oncology at Howard University College of Medicine as well as a Professor Emeritus of Medicine at George Washington University. Prior to her death in 2020 she served The Healthcare Council Board for over fifteen years. The scholarship honors her life and her legacy in health care. Throughout her career she was passionate in supporting economically disadvantaged women interested in pursuing a career in healthcare.

ELIGIBILITY

- A candidate for graduation from an accredited high school, student already pursuing a degree in higher education, vocational or graduate school.
- Candidate must be planning to attend or already attending a post-secondary institution which can include vocational training from an accredited institution.

CRITERIA

- Solid academic achievement.
- Maintain a minimum 3.0 GPA at accredited institution.
- Maintain satisfactory performance at vocational school.
- Fit category of economically disadvantaged woman.
- Significant involvement in school and community activities.

PROCEDURE

- Attached application must be submitted to The Healthcare Council by Wednesday, February 1, 2023.
- Two letters of recommendation (from non-relatives) must be submitted to The Healthcare Council by Wednesday, February 1, 2023. The letter must speak to the character, integrity, and uniqueness of the applicant. (Reference letters from your Guidance Department or school advisor file are not acceptable).
- All questions must be answered completely.
- Include a copy of High School Transcript and Activity Sheet or transcript showing college courses or vocational certifications. The Activity Sheet should reflect school and community activities, as well as any awards and recognition you have received in these activities.
- Finalists will be interviewed by the selection committee in early March.
- Scholarship will be presented at The Healthcare Council's Employee of the Year and McNulty Award Ceremony on Thursday, March 9, 2023, at Congressional Country Club in Bethesda, Maryland.
- The recipient of the scholarship will have her essay printed in the ceremony program.

EDUCATION POSTPONEMENT

If the scholarship award recipient chooses to postpone her college/vocational education, the scholarship may be reserved for up to one year from the date of graduation.

**OMEGA LOGAN SILVA SCHOLARSHIP FUND
SCHOLARSHIP APPLICATION**

Due: Wednesday, February 1, 2023

Completed application should be sent to: 4061 Powder Mill Road, Suite 100, Calverton, MD
20705 or scanned and emailed to lpitton@healthcare-council.org.

Name: _____

Home: _____

Address: _____

Telephone: _____

Number: _____

E-Mail Address: _____

Parents/Guardians: (Full names): _____

Please answer the following on a separate paper with your name on top.

1. Write a brief essay of 250 to 500 words on how a degree in healthcare will make a difference in your life.
2. Answer all the questions at the end of this application.
3. Select one activity from your Activity Sheet that is important to you and explain why.
4. Describe any job experience(s) you have had.

CERTIFICATION

Applicant:

I certify that all the statement made in this form are true, complete and correct to the best of my knowledge and believe and are made in good faith.

Print Name

Signature

Date

School Counselor or Advisor:

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Print Name

Signature

Date

**Omega Logan Silva Scholarship
Recommendation Form**
(Please print clearly or type)

Two (2) recommendation forms are required from (2) different individuals (faculty members or professional contacts):

- Students complete top portion and recommenders complete bottom portion of form.

For all applicants: It is mandatory that this form be completed and returned with an attached (signed and dated) letter that answers the questions below on your behalf.

TO BE COMPLETED BY THE STUDENT:

- State your level of education when applying: (Please choose one)

Entering Freshman (First-Year) Student Transfer from another academic institution or accredited vocational program. Continuing (Current) Student

- **Name of Student:** _____
- **Primary Phone Number:** _____
- **Alternative Phone Number:** _____
- **Please choose one of the Following:** I *waive* my right to read this letter of recommendation I do not *waive* my right to read this letter of recommendation.
- **Name of Recommender:** _____
- **Title:** _____
- **Name of School:** _____
- **Mailing Address of School:** _____
- **Email:** _____ **Phone Number:** _____

TO BE COMPLETED BY THE RECOMMENDER: This individual is applying for the Omega Logan Silva Scholarship. Your comments will be an important part of the selection process. Keep in mind that the applicant cannot be considered for a scholarship award until your recommendation is on file (Recommenders can answer questions on a separate sheet and email responses to lpitton@healthcare-council.org):

- How long and in what capacity have you known the applicant?

- Be as specific as possible about the applicant's academic performance or other potential that qualifies the applicant for the scholarship.

- If appropriate, please mention the applicant's motivation and initiative; ability to complete and carry through projects and goals:

If you would like to write a letter on behalf of the applicant, please write on official letterhead from the high school, college, or vocational school and attach the written letter signed and dated with this form in a sealed envelope, signed across the seal, to the student or to The Healthcare Council Office by mail before the deadline, or scanned and emailed to: lpitton@healthcare-council.org.

Address: 4061 Powder Mill Road, Suite 100, Calverton, MD 20705
Attn: Omega Logan Silva Scholarship Committee.

Recommender Signature

Date

OMEGA LOGAN SILVA SCHOLARSHIP APPLICANT INFORMATION

1. List high school or college activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, etc.).
2. List public service and community activities (homeless services environmental protection/conservation, work with religious organizations, etc.) Do not repeat items listed previously.
3. List government activities (internships with government agencies, military, municipal boards, etc.).
4. List part-time and full-time jobs and nongovernment internships during or since high school graduation.
5. List awards, scholarships, publications or special recognitions you have received.
6. Describe one specific example of your leadership.
7. Describe a recent particularly satisfying public service activity.
8. Describe the problem or needs of society you want to address when you enter the healthcare field.
9. What are the three most significant courses you have taken in preparation for your career?
10. Describe the graduate or vocational education program you intend to pursue if you receive a scholarship.
12. What do you hope to do and what position do you hope to have upon completing your studies?
11. What do you hope to do and what position do you hope to have five to seven years later?
12. What additional personal information do you wish to share with the scholarship committee?