

# UMANA FOUNDATION Scholarship Information Sheet

## DR. WALTER AND OLGA PROKOPIW SCHOLARSHIP



The Foundation of the Ukrainian Medical Association of North America (UMANA Foundation) provides tuition scholarships to qualified full time medical or dental students in the United States and Canada. Scholarships of \$3,000 per student will be awarded for the **2026-2027 academic year**.

### ELIGIBILITY

- United States or Canadian citizen (or permanent resident) of Ukrainian ancestry
- Medical or dental student of (or admitted to) an accredited medical or dental school in the United States or Canada
- Student member of, or applicant to, UMANA

### SELECTION CRITERIA

- Ukrainian community activities and involvement
- Extracurricular activities, research and employment
- Academic excellence
- Financial need

### APPLICATION PROCESS

1. Applications can be downloaded from the UMANA website [www.umana.org](http://www.umana.org) under foundation or can be obtained by phone from the UMANA Foundation at 773-278-6262
2. The application form, recommendations, photos and transcript must be received (if sent electronically) or received (if mailed) no later than **Wednesday May 27, 2026** to UMANA Foundation, 2247 West Chicago Ave, Chicago, Illinois 60622.
3. RETURN THIS SHEET and the following with your application:  
(Please check each section when complete)



Letter of good standing in, or letter of acceptance to, medical/dental school  
Completed Essay (see Essay Section below)  
**REQUIRED FOR RETURNING APPLICANTS-see page 4** Ukrainian community health project (e.g. lectures to seniors, schools, camps, health fairs, distribution of health education materials, missions to Ukraine)



FAFSA if applicable  
2 letters of recommendation  
2 photos ( jpeg-high resolution)

- d. Selections will be announced by June 5, 2026

# SCHOLARSHIP APPLICATION

## UMANA FOUNDATION WALTER AND OLGA PROKOPIW SCHOLARSHIP

(Ukrainian Medical Association of North America)  
2247 West Chicago Avenue, Chicago, IL 60622



**This application is three (3) pages long. Incomplete applications cannot be considered, so please be sure that all parts of the application have been completed and submitted, along with two photos, essay, letter of acceptance and/or letter of good standing, 2 letters of recommendation and a copy of FAFSA form if available .**

Please print or type:

### PERSONAL PROFILE:

Student Name: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Number Street City State Zip

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
**(Required)** TWO (2) photos required

Medical / Dental school: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Number Street City State Zip

Expected date of graduation from medical/dental school \_\_\_\_\_

**All information contained in this application is strictly confidential.**

**ACADEMIC PROFILE:**

**Please include a letter of good standing or letter of acceptance to medical or dental school.**

University attending(ed):

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Medical/Dental school planning to attend or currently attending:

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**ESSAY SECTION**

Please tell us about your participation in activities outside the actual medical or dental school environment. These would include church, community, volunteer, non-paid work, and school activities, especially in the Ukrainian community. (returning applicants-see page 4)

Please tell us why you want to go to medical/dental school, and how you could help to improve the healthcare of Ukrainians in the diaspora and in Ukraine. Tell us about any other educational opportunities you have taken advantage of e.g. outside classes or internships. Include any other pertinent information you would like to share.

**Please use a separate sheet of paper. PLEASE LIMIT to 2 PAGES**

**FINANCIAL INFORMATION:**

Amount of scholarships already received  
\$ \_\_\_\_\_

Amount of scholarships anticipated  
\$ \_\_\_\_\_

Are there any other financial circumstances we should consider? Use a separate sheet of paper if necessary.

**Highly recommended for all applicants: Please attach a copy of your completed FAFSA (Free Application for Federal Student Aid) form.**

**Please submit two (2) letters of recommendation from any of the following: physicians, dentists, teachers, UMANA members, clergy or employers.**

**Returning applicants:** We require participation in a health related project in your local Ukrainian community or in Ukraine. Examples include: lectures with senior groups, schools, camps, participation in health fairs at Ukrainian days, distribution of health education materials, missions or travel to Ukraine for health projects.

**ALL INFORMATION CONTAINED IN THIS APPLICATION  
IS STRICTLY CONFIDENTIAL!**

I attest that the information included in this application is true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if applicable

\_\_\_\_\_  
Date

How did you hear about this scholarship? \_\_\_\_\_

**All parts of this application, essay, 2 letters of recommendation, 2 photos and transcripts can be  
EMAILED TO [foundation@umana.org](mailto:foundation@umana.org) or MAILED TO address below. Must be received by**

**Wednesday, May 27, 2026**

UMANA Foundation  
2247 West Chicago Avenue  
Chicago, IL 60622  
Attn: Maria Hrycelak, M.D.  
Scholarship Chair

Email: [foundation@umana.org](mailto:foundation@umana.org) Telephone: 773-278-6262

All applicants will be notified of the committee's decision by June 5, 2026.