

The Valley Hospital Auxiliary (form VHA-RE-APP2023)

*Scholarship Award Application for Re-applying Student – 2023*

***\*Please note! \*All fields on this application must be typed and fully completed if applicable to you, in order to submit your application and be considered eligible. All information will be maintained in the strictest confidentiality.***

***Today's Date:*** Click or tap here to enter text.

***Date of Prior Scholarship:*** Click or tap here to enter text.

***Personal Information:***

**Last Name**: Click or tap here to enter text. **First Name:** Click or tap here to enter text.

**Street:** Click or tap here to enter text. **City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Cell Phone:** Click or tap here to enter text. **Home Phone:** Click or tap here to enter text.

**Father or Male Guardian: Last Name** Click or tap here to enter text. **First Name** Click or tap here to enter text.

**Mother or Female Guardian: Last Name** Click or tap here to enter text. **First Name** Click or tap here to enter text.

# *Volunteering Information:*

**Please explain how you volunteered at *The Valley Hospital* during the current school year or the summer:**

1. Click or tap here to enter text.

**Name of Department:** Click or tap here to enter text. **Contact:** Click or tap here to enter text.

**Dates Worked:** Click or tap here to enter text. **Hours Worked Per Week:** Click or tap here to enter text. **In-Person**  **Virtual**

2. Click or tap here to enter text.

**Name of Department:** Click or tap here to enter text. **Contact:** Click or tap here to enter text.

**Dates Worked:** Click or tap here to enter text. **Hours Worked Per Week:** Click or tap here to enter text. **In-Person**  **Virtual**

3. Click or tap here to enter text.

**Name of Department:** Click or tap here to enter text. **Contact:** Click or tap here to enter text.

**Dates Worked:** Click or tap here to enter text. **Hours Worked Per Week:** Click or tap here to enter text. **In-Person**  **Virtual**

4. Click or tap here to enter text.

**Name of Department:** Click or tap here to enter text. **Contact:** Click or tap here to enter text.

**Dates Worked:** Click or tap here to enter text. **Hours Worked Per Week:** Click or tap here to enter text. **In-Person**  **Virtual**

5. Click or tap here to enter text.

**Name of Department:** Click or tap here to enter text. **Contact:** Click or tap here to enter text.

**Dates Worked:** Click or tap here to enter text. **Hours Worked Per Week:** Click or tap here to enter text. **In-Person**  **Virtual**

***Volunteer Activities in the past year other than Valley:***

# Organization: Click or tap here to enter text. Job Description: Click or tap here to enter text.

# Dates Worked: Click or tap here to enter text. Hours Per Week: Click or tap here to enter text.

# Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

# Organization: Click or tap here to enter text. Job Description: Click or tap here to enter text.

# Dates Worked: Click or tap here to enter text. Hours Per Week: Click or tap here to enter text.

# Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

# Organization: Click or tap here to enter text. Job Description: Click or tap here to enter text.

# Dates Worked: Click or tap here to enter text. Hours Per Week: Click or tap here to enter text.

# Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

***Please list Hobbies, Sports, Clubs including any leadership positions held in the past year:***

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

6. Click or tap here to enter text.

# *Work History for the past year:*

# Employer: Click or tap here to enter text. Job Description: Click or tap here to enter text.

# Dates Worked: Click or tap here to enter text. Hours Per Week: Click or tap here to enter text.

# Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

# Employer: Click or tap here to enter text. Job Description: Click or tap here to enter text.

# Dates Worked: Click or tap here to enter text. Hours Per Week: Click or tap here to enter text.

# Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

# Employer: Click or tap here to enter text. Job Description: Click or tap here to enter text.

# Dates Worked: Click or tap here to enter text. Hours Per Week: Click or tap here to enter text.

# Contact Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

***College GPA:*** Click or tap here to enter text.

***Educational Plans for Health-related Career:*** (Indicate career objectives and current and future courses planned for a health-related career) Click or tap here to enter text.

***Essay Question:*** (On a separate sheet of paper, in 350 typed words or more) explain why you are including a health-related field in your educational plans and be as specific as possible, for example, discuss what or who inspired you. Include what The Valley Hospital means to you and why you are applying for a scholarship from the Valley Hospital Auxiliary.

***Applicant’s School:***

**Full Name of School:**  Click or tap here to enter text.

**Street:** Click or tap here to enter text. **City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Current Year of College:** Click or tap here to enter text.

**Name of College Counselor:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

***Applicant’s Signature*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian Signature*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Counselor or Dean’s Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE! \*No exceptions will be made to the following two firm deadlines\*:***

To consider this application valid, the following criteria **must be submitted by APRIL 28, 2023:**

1. \_\_ Application is preferred typed submission using fillable form. Handwritten submissions must be legible and

neat in black ink.

1. \_\_ Application is completed and with original signatures (no copies) where necessary.
2. \_\_ College transcript is attached.
3. \_\_ Two letters of recommendation are included. Please submit at least one letter from a supervisor where

you volunteer or work and one recommendation letter from your college professor.

1. \_\_ Include your completed essay question.

***Return all Information by mail to:***

**The Valley Hospital Auxiliary, 223 North Van Dien Avenue, Ridgewood, New Jersey 07450**

**Attn: Bonnie Dalal, Auxiliary Coordinator**