

The Valley Hospital Auxiliary (form VHA-HS2024)

*Scholarship Award Application for High School Student – 2024*

***\*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.

***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 during high school years at The Valley Hospital:*

Please explain how you volunteered at ***The Valley Hospital***:

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

***Volunteer Activities during high school years 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. Total Hours Worked: 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. Total Hours Worked: 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. Total Hours Worked: 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 during high school years:***

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.

# *Work History:*

# 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.

***ACT Score:*** Click or tap here to enter text.

***SAT Scores:* Verbal** Click or tap here to enter text. **Math** Click or tap here to enter text.

***GPA (beginning of 8th semester):*** Click or tap here to enter text.

***Essay Question:*** (On a separate sheet of paper, approx. 350 typed words) 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 Grade:** Click or tap here to enter text.

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

**What College/University do you plan to attend in the fall?** 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 26, 2024 with the exception of # 4:**

1. \_\_ Application is preferred typed submission using fillable form. Handwritten submissions must be legible and neat in black ink. All single-sided sheets.
2. \_\_ Application is completed and with original signatures (no copies) where necessary.
3. \_\_ High school transcript is attached.
4. \_\_ Evidence of acceptance by your choice of school (if not available from college by April 26th, evidence is

required from college before scholarship check will be mailed.)

1. \_\_ Two letters of recommendation are included. Please submit at least one letter from a supervisor where

you volunteer or work.

1. \_\_ Include your completed approx. 350 word essay.

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

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

**Attn: Bonnie Dalal, Auxiliary Coordinator**