



# The Valley Hospital Auxiliary (form VHA-HS2021)

## Scholarship Award Application for High School Student – 2021

**\*Please note! \*All fields on this application must be 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:** \_\_\_\_\_

### **Personal Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father or Male Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother or Female Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### **Volunteering Information:**

If You Volunteer **at The Valley Hospital in Person:**

1. Name of Department \_\_\_\_\_ Contact \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

2. Name of Department \_\_\_\_\_ Contact \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

3. Name of Department \_\_\_\_\_ Contact \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

List Volunteering **for The Valley Hospital virtually:**

List Name of each Virtual Activity and Total Hours

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### **Volunteer Activities in the Past Year other than Valley:**

1. Dates Worked \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Activity Description \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Dates Worked \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Activity Description \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Dates Worked \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Activity Description \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Hobbies, Sports, Clubs:**

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### **Work History:**

1. Dates Worked \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Job Description \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Dates Worked \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Job Description \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**ACT Score:** \_\_\_\_\_ Date Taken \_\_\_\_\_

**SAT Scores:** Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date Taken \_\_\_\_\_

**GPA (beginning of 8<sup>th</sup> semester):** \_\_\_\_\_

**Educational Plans for Health-related Career:** (Indicate career and courses planned in future) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade \_\_\_\_\_

Name of Guidance Counselor \_\_\_\_\_ Phone \_\_\_\_\_

List other scholarships, grants and loans you are applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What College/University do you plan to attend in the fall? \_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

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

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

***NOTE! \*No exceptions will be made to the following deadlines and requirements\*:***

To consider this application valid, the following criteria **must be submitted by APRIL 25, 2021 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 25th, evidence is required from college before scholarship check will be mailed).
5.  Two letters of recommendation are included. Please submit at least one letter from a supervisor where you volunteer or work.
6.  Include your completed essay.

**Return all Information by mail to:**

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

**Attn: Bobbi Zientek, Auxiliary Coordinator**