



The Valley Hospital Auxiliary (form VHA-RE-APP2021)

Scholarship Award Application for Re-Apply 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

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:

Work History:

1. Dates Worked _____ Hours Per Week _____

Job Description _____ Contact Name _____ Phone _____

2. Dates Worked _____ Hours Per Week _____

Job Description _____ Contact Name _____ Phone _____

College GPA: _____

Educational Plans for Health-related Career: (Indicate career objectives and current and future courses planned for a health-related career) _____

Essay Question: (On a separate sheet of paper, approx. 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 _____
Street _____ City _____ State _____ Zip _____
Current Year of College _____
Name of College Counselor _____ Phone _____
List other scholarships, grants and loans you are applying for:

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:**

1. ___ Application is preferred typed submission using fillable form. Handwritten submissions must be legible and neat in black ink.
2. ___ Application is completed and with original signatures (no copies) where necessary.
3. ___ College transcript is attached.
4. ___ 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.
5. ___ 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: Bobbi Zientek, Auxiliary Coordinator