



The Valley Hospital Auxiliary (form VHA-HS2022)

Scholarship Award Application for High School Student – 2022

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

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

1. _____

Name of Department _____ Contact _____
Dates Worked _____ Hours Worked Per Week _____ In-Person Virtual

2. _____

Name of Department _____ Contact _____
Dates Worked _____ Hours Worked Per Week _____ In-Person Virtual

3. _____

Name of Department _____ Contact _____
Dates Worked _____ Hours Worked Per Week _____ In-Person Virtual

4. _____

Name of Department _____ Contact _____
Dates Worked _____ Hours Worked Per Week _____ In-Person Virtual

5. _____

Name of Department _____ Contact _____
Dates Worked _____ Hours Worked Per Week _____ In-Person Virtual

Volunteer Activities during high school years other than Valley:

1. Organization _____ Job Description _____
Dates Worked _____ Hours Per Week _____
Contact Name _____ Phone _____
2. Organization _____ Job Description _____
Dates Worked _____ Hours Per Week _____
Contact Name _____ Phone _____
3. Organization _____ Job Description _____
Dates Worked _____ Hours Per Week _____
Contact Name _____ Phone _____

Please list Hobbies, Sports, Clubs including any leadership positions held during high school years:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Work History:

1. Employer _____ Job Description _____
Dates Worked _____ Hours Per Week _____
Contact Name _____ Phone _____
2. Employer _____ Job Description _____
Dates Worked _____ Hours Per Week _____
Contact Name _____ Phone _____
3. Employer _____ Job Description _____
Dates Worked _____ Hours Per Week _____
Contact Name _____ Phone _____

ACT Score: _____ Date Taken _____

SAT Scores: Verbal _____ Math _____ Date Taken _____

GPA (beginning of 8th 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 _____

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 two firm deadlines*:

To consider this application valid, the following criteria **must be submitted by APRIL 29, 2022 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 29th, 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 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