



The Valley Hospital Auxiliary (form VHA-RE-APP2022)

Scholarship Award Application for Re-applying 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:** \_\_\_\_\_

**Date of Prior Scholarship:** \_\_\_\_\_

**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:**

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

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 in the past year 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 in the past year:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work History for the past year:**

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 \_\_\_\_\_

**College GPA:** \_\_\_\_\_

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

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

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

Current Year of College \_\_\_\_\_

Name of College Counselor \_\_\_\_\_ Phone \_\_\_\_\_

**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:**

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: Bonnie Dalal, Auxiliary Coordinator**