The Valley Hospital Auxiliary (form VHA-RE-APP2019)

Scholarship Award Application for Re-applying Student – 2018-2019

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:

If you volunteer at the *Valley Hospital* during the current school year or the summer:

Name of Department ____Contact _______________________________

Hours Worked Per Week ____

Name of Department ____Contact _______________________________

Hours Worked Per Week ____

Name of Department ____Contact _______________________________

Hours Worked Per Week ____

Volunteer Activities Other than Valley:

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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 ______________

3. Dates Worked _____________________________Hours Per Week _________________________

Job Description ___________________________________ Contact Name _________________Phone ______________

College GPA: _____________

<u>Educational Plans for Health-related Career:</u> (Indicate career objectives and current and future courses planned for a health-related career) ____

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<u>Essay Question:</u> (On a separate sheet of paper, in 250 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.

<u>Applicant's School:</u>

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:

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<u>Applicant's Signature</u> ____

<u>Parent/Guardian Signature</u> ____

<u>Counselor or Dean's Signature</u> ____

NOTE! *No exceptions will be made to the following two firm deadlines*:

To consider this application valid, the following criteria **<u>must be submitted by APRIL 25, 2019:</u>**

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.

<u>Return all Information by mail to:</u>

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

Attn: Bobbi Zientek, Auxiliary Coordinator