

PLEASE TYPE OR USE BLACK PEN

Before completing this application, please read the eligibility requirements:

- ◆ Applicant must be a dependent (under IRS rules & definitions) of a Washington Hospital Employee.
- ◆ Applicant must be a graduating senior, community college student, transferring community college student, or a student attending a four-year institution.
- ◆ Applicant must plan to attend an accredited community college, university or vocational school on at least a half-time basis.
- ◆ Scholarship will be paid directly to the recipient's college and/or university
- ◆ Prior winning recipients not eligible for future awards.

This completed application and ALL supporting documents must be submitted to the Washington Hospital Human Resources Department, 2500 Mowry Avenue, no later than 4:00 p.m. March 26, 2010

2010 DON PICKINPAUGH WASHINGTON HOSPITAL EMPLOYEES' ASSOCIATION (WHEA) SCHOLARSHIP APPLICATION

Last Name:	First Name:	M.I.	Home Phone #:
Address:		City:	State & ZIP Code:
Dependent of Washington Hospital Healthcare System Employee <input type="checkbox"/> YES <input type="checkbox"/> NO		First & Last Name of WHHS Employee:	Department:
Name of High School/Community College/College or University You Are Currently Attending:		Address, City, State & ZIP Code of School Currently Attending:	
Cumulative <i>unweighted</i> GPA:		SAT I: (<i>High School Seniors MUST attach a copy</i>) _____ (Verbal) (Math)	<u>OR</u> ACT Composite: _____
List three schools you have submitted an application for Fall 2008. Place an asterisk (*) next to the school(s) you have already been accepted.			
1. 2. 3.			
Anticipated Major or Field of Study in Fall 2010			

HONORS / AWARDS (*Attach additional pages if needed*)

Honor / Award Name	Brief Description of Honor /Award	Academic or Community Award	Year Received

SCHOOL ACTIVITIES *(Attach additional pages if needed)*

Position, Activity, or Organization	Responsibilities or Position Held	Average Hrs./Week	From: Mo./Year To: Mo./Year	Was this Required for School or Graduation

COMMUNITY ACTIVITIES/VOLUNTEER EXPERIENCE *(Attach additional pages if needed)*

Position, Activity, or Organization	Responsibilities or Position Held	Average Hrs./Week	From: Mo./Year To: Mo./Year	Was this Required for School or Graduation

LETTERS OF RECOMMENDATION:

Three letters or recommendation must be submitted with this application to give judges a fuller picture of the applicant's academic and leadership accomplishments. One letter should be from an academic school teacher, one from a principal, counselor, or advisor, and one from someone familiar with the applicant's community service. Letters should be on letterhead of the institution (where appropriate) and must contain the person's printed name and title. Please complete the following for each person who has submitted a letter of recommendation:

1. Academic Teacher's Name:	Phone Number or E-mail:	Length of Time Recommender Has Known Applicant:
2. Principal, Counselor, or Advisor's Name:	Phone Number or E-mail:	Length of Time Recommender Has Known Applicant:
3. Volunteer or Community Service Name:	Phone Number or E-mail:	Length of Time Recommender Has Known Applicant:

CERTIFICATION:

All of the information on this form is true and complete to the best of our knowledge. If asked by WHEA, we agree to give proof of the information that we have given on this application. We realize that if we do not give proof when asked, the student will not be considered for a scholarship.

Signature of Applicant: _____	Date: _____
Signature of Parent/Guardian: _____	Date: _____

DON PICKINPAUGH WASHINGTON HOSPITAL EMPLOYEES' ASSOCIATION (WHEA) SCHOLARSHIP INFORMATION

General Information/Criteria:

- ◆ WHEA will award a \$2,000 scholarship to a **dependent** of a Washington Hospital Healthcare System employee.
- ◆ Selection of the award will be based on, but not limited to: grade point average, extracurricular activities, letters of recommendation, other awards and honors, and personal autobiographical essay.

Eligibility Requirements:

- ◆ Applicant must be a dependent (under IRS rules & definitions) of a Washington Hospital Employee.
- ◆ Applicant must be a graduating senior, community college student, transferring community college student, or a student attending a four-year institution.
- ◆ Applicant must plan to attend an accredited community college, university or vocational school on at least a half-time basis.
- ◆ Scholarship will be paid directly to the recipient's college and/or university.
- ◆ Prior winning recipients not eligible for future awards.
- ◆ Applicant **DOES NOT** need to be pursuing a career in a healthcare related field to be eligible.

High School or College Transcript, SAT, and/or ACT:

- ◆ Applicant must include an official high school or college transcript sealed by the school (from each school attended if more than one high school or college).
- ◆ **NOTE:** If the school refuses to give you the sealed envelope, the school must provide a letter stating they will send it separately. The original letter must be included in your application packet.
- ◆ **High school seniors** must attach a copy of their SAT I or ACT scores.

Personal Autobiographical Essay:

- ◆ Attach a personal autobiographic essay **not to exceed 500 words**.
- ◆ Essay is to be typed and double-spaced with a 12-point font, two pages maximum.
- ◆ Your essay should include information about your future career goals.
- ◆ If you have any special circumstances or family responsibilities we should be aware of, please include these in your essay.
- ◆ **DO NOT** submit any other materials (photos, newspaper clippings, scrapbooks, etc.). They will be discarded and not returned.

APPLICATION DEADLINE

Friday, March 26, 2010 – 4:00 p.m.

Submit Application and ALL Required Documents In ONE Packet To:

WHEA Scholarship Committee
c/o Human Resources
Washington Hospital Healthcare System
2000 Mowry Avenue
Fremont, CA 94538

APPLICATION CHECKLIST: *(All of the following must be submitted in ONE application packet – failure to include any of the following items will automatically disqualify the applicant from consideration).*

- Completed & Signed WHEA Scholarship Application (Typed or Black Ink)
- Three Letters of Recommendation (Teacher, Counselor/Principal, Volunteer/Community)
- Sealed Copy of High School or College Transcripts *(or letter from school saying they have been mailed separately)*
[NOTE: If mailed separately, they must be postmarked NO LATER THAN March 18, 2009]
- Copy of SAT 1 or ACT Scores
- Personal Autobiographical Essay

