

WASHINGTON HOSPITAL SERVICE LEAGUE

HEALTH CAREER SCHOLARSHIP

Health Career Scholarships are awarded annually to Washington Hospital District graduating high school seniors and/or college students pursuing studies in a health-related field.

- A. Two scholarships: Each scholarship is for \$1000.00 per year and is renewable each year the student remains in a health-related program in good standing, with a 2.50 GPA or higher. The scholarship is limited to four years of undergraduate or graduate school.**

CRITERIA: Applicants who will be considered for these scholarships shall:

1. Be a U.S. citizen and provide proof of citizenship with application.
2. Be a Resident of Washington Hospital District, which includes Fremont, Newark, Union City and part of Hayward.
3. Be 22 years of age or younger as of December 31st of the year in which they apply for the scholarship.
4. Have been accepted by an accredited school, college or university offering a bachelor or high degree program in a health-related field.
5. Be a full time student.
6. Submit an official high school or current college transcript with application.
7. Contribute to the community by accruing at least 100 hours of volunteer service or by working in a health-related field.
8. Submit current letters of recommendation, one each, from three of the following:
 - a. Director of Volunteer Services
 - b. Employer
 - c. Counselor/Advisor
 - d. Teacher
9. **Submit by April 1st** a completed application with all of the above criteria met

Applicants who meet the above criteria will be interviewed after May 1st by a committee of people from the hospital community. Recipients of the awards will be notified in late May. **Upon verification of enrollment**, a check in the amount of \$1,000.00 will be sent to the Financial Aid office of the recipient's school.

B. If additional monies are available, and then a one-time \$1000.00 may be offered.

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HEALTH CAREER SCHOLARSHIP APPLICATION

All information submitted with this application is confidential. Please print to type. If you need additional space, please write on plain white 8 ½" x 11" paper and attach to application.

PERSONAL DATA

Name (Mr. Mrs. Ms. Miss) _____ Age _____ Birthdate _____

U.S. Citizen Yes ___ No ___ Social Security # _____

Current Address: _____

City _____ State _____ Zip _____ Phone (____) _____ Fax (____) _____

Father's Name _____ Occupation _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ Fax (____) _____

Mother's Name _____ Occupation _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ Fax (____) _____

If married, Spouse's Name _____ Occupation _____

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HEALTH CAREER SCHOLARSHIP APPLICATION

EDUCATIONAL BACKGROUND

Name of High School _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____ Fax (____) _____

Name of College _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____ Fax (____) _____

SCHOOL ACTIVITIES / AWARDS

Please list awards, honors, scholarships received, and activities participated in for the last two (2) years. Prior years may be listed on a separate sheet of paper.

Other activities and offices held (High School, College, Community Clubs)

WORK EXPERIENCE (other than volunteer)

List all work experience in which you have participated, whether related to health care or not.

Employer	Job Title or Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PROFILE OF THE APPLICANT (Educational and Career Goals)

Scholastic standing GPA_____

Name of school planning to attend in the fall_____

Major_____ Minor area of specialization_____

What living arrangements will you have at school?_____

What health career do you plan to pursue?

What qualifications do you feel you have to pursue a health care career (100 words or less).

Education and occupational goals as they relate to the health care industry (100 words or less)

VOLUNTEER ACTIVITIES / SERVICES

Community Healthcare-Related Volunteer Services:

Name of agency or institution _____
Supervisor _____ Address _____
Phone (____) _____ Fax (____) _____

Total hours _____ Hours during the last 2 years _____

Name of agency or institution _____
Supervisor _____ Address _____
Phone (____) _____ Fax (____) _____

Total hours _____ Hours during the last 2 years _____

Community-Related Volunteer Services _____

Name of agency or institution _____
Supervisor _____ Address _____
Phone (____) _____ Fax (____) _____

Total hours _____ Hours during the last 2 years _____

Name of agency or institution _____
Supervisor _____ Address _____
Phone (____) _____ Fax (____) _____

Total hours _____ Hours during the last 2 years _____

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CONSENT FOR RELEASE OF INFORMATION

“I hereby consent to the release of any information in connection with the foregoing that in the sole judgement of Washington Hospital Service league may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Washington Hospital Service league is concerned, since it is my understanding that the information will be used solely for the evaluating of my application for scholarship and for no other purpose.”

Signature of applicant _____

Date completed _____

RETURN COMPLETED APPLICATION BY APRIL 1ST TO:

Washington Hospital Service League
2000 Mowry Avenue
Fremont, CA 94538-1716

Attention: Scholarship Chairman

Please note: It is the applicant’s sole responsibility to see that the completed application, official transcripts, and letters of recommendation are received by the Washington Hospital Service League Scholarship Committee by April 1st.