

Auxiliary of the Golden Valley Memorial Hospital

Professional Health Care Scholarship Program

Guidelines and Information

1. The Golden Valley Memorial Hospital Auxiliary professional scholarship program was founded by the Board of Directors of the Auxiliary of the Golden Valley Memorial Hospital, for the purpose of helping people obtain an education in the field of health care, and to help meet the future need for professionals at Golden Valley Memorial Hospital.
2. The scholarships are awarded for one to four year professional certified programs in any health care related field. A recipient who has used the scholarship and successfully completed a year of school may apply for the scholarship in subsequent years.
3. The applicants must furnish evidence of having applied to be a student in a professional health care school or program.
4. Applicants must be current school-year, high school graduate and legal residents of Henry County, Missouri, or be an employee of Golden Valley Memorial Hospital.
5. Candidates for scholarship shall present themselves to the Scholarship Committee for a personal interview if this is requested.
6. The Scholarship Committee shall be composed of the Chairman and three other members of the Auxiliary. This committee shall receive applications, investigate the qualifications and character of the applicants and select the candidate who will be awarded the scholarship available. Decision of the Scholarship Committee shall be subject to approval of the Board of the Auxiliary.
7. The Scholarship Committee should work through the hospital and under the advisement of the personnel director of the hospital.
8. Scholarship recipients shall be able to send all bills, up to the amount of the scholarship, for tuition and other expenditures billed by their school directly to the Golden Valley Memorial Hospital Auxiliary, who will in turn pay them to the school immediately; or the student will be reimbursed by Golden Valley Memorial Hospital Auxiliary for expenses from their personal funds, providing they furnish Golden Valley Memorial Hospital Auxiliary with certification of receipts for these expenses.

Special Instructions:

* Attach application to a copy of your high school transcript. Also attach any copies of entrance examination test scores and proof of acceptance/application into the professional health care program if applicable.

Mail application to:

Scholarship Chairperson
c/o Director of Volunteer Services
1600 N 2nd Street
Clinton, MO 64735

Application Deadline: March 23, 2018



Professional Health Care Scholarship Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

County of Residence: _____

Phone: _____ Email _____

Name of Parents,
Guardian or Spouse _____

Address: _____
Address

Education

High School: _____ Address: _____

Year Graduated: _____ GPA upon Graduation: _____

College or Program to which you have been accepted _____

Address: _____
Address

Program of Focus: _____

Budget Expectations

Are you or your parents financially able to pay your full expenses for professional health care training: Yes No

References

Please list three Character references. Do NOT list relatives

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Volunteer and Employment Work Experience

Place	Length of Employment or Volunteer Work
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Personal Statement

In one paragraph, please describe why you are interested in entering the healthcare field and why you believe you are deserving of this award.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to award, I understand that false or misleading information in my application or interview may result in my loss of award.

Signature: _____ Date: _____