PLUMAS DISTRICT HOSPITAL VOLUNTEERS

HEALTH-RELATED CAREER

SCHOLARSHIP APPLICATION

Please complete the enclosed application and mail to:

**Plumas District Hospital Volunteers**

**Attn: Gloria Boland, Scholarship Chairman**

**P.O. Box 3408**

**Quincy, CA 95971**

REQUIREMENTS:

1. Applicant must be a resident or graduate of a high school within the Plumas or Indian Valley Hospital District boundaries. The districts include the areas of Quincy, Meadow Valley, Twain, Greenville, Crescent Mills, Taylorsville, Cromberg, and Sloat. As a resident, the applicant must have had a physical address within these boundaries for at least six (6) months.
2. Applicant must have completed a minimum of one year of academic studies in a health related program or one year of employment in a health related program.
3. Transcripts or a Work Experience Resume must accompany application with verification of grade point average in the last two years of school.
4. A current letter of recommendation (signed and dated within the past six months) from a High School mentor and/or an academic counselor or instructor in a health field. In case of a non-student, a letter of recommendation is required from a current health related employer.
5. Finalist may be asked for a personal interview.
6. ***To be considered, this application must be completed, signed, dated, and returned to the address listed above postmarked no later than Friday, April 20, 2018.***

DISTRIBUTION:

Scholarship money will be distributed upon verification of registration in the school of recipient’s choosing: one half of scholarship award will be issued at the beginning of the school year and one half will be issued upon verification of registration for second period of school year.

PLEASE NOTE - IRS REQUIREMENTS:

Scholarship funds can only be used for tuition, fees, books, supplies, or equipment.

FOR YOUR INFORMATION:

1. Applications are available Friday, February 20, 2018 at <www.pdh.org/about-us/volunteers>
2. Recipient will be notified by mail no later than Friday, May 18, 2018.
3. Presentation of Scholarship Certificate will be made on June 7, 2018 at the Plumas District Hospital Volunteers luncheon.
4. If you should have any questions, please contact the Scholarship Chairman:

Gloria Boland

Cell: (530) 394-7579

Email: 7gboland@att.net

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HEALTH-RELATED CAREER

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***Application is to be typed.***

1. Applicant and Family information:

 **Name:** Click here to enter text.

 **Mailing Address:** Click here to enter text.

 **City:** Click here to enter text. **ZIP:** Click here to enter text.

 **Physical Address:** Click here to enter text.

 **City:** Click here to enter text. **ZIP:** Click here to enter text.

 **Telephone:** Click here to enter text.

 **Cell:** Click here to enter text.

 **E-mail:** Click here to enter text.

1. Are you now enrolled in or planning a specific health-related career? Please describe your goals and plans.

Click here to enter text.

1. List High School, Colleges and health related employment:

 School/Employer Dates Attended GPA

 Click here to enter text.

1. List and describe your Extra-Curricular and community service activities. Please include dates.

 Click here to enter text.

1. Please write a short biography (not to exceed 750 words) giving pertinent information about school courses and interests, personal experiences and significant others who have directed you toward a health-related career.
2. Annual anticipated cost of college:

 **Name of college:** Click here to enter text.

 **Tuition & Fees:** Click here to enter text.

 **Books & Supplies:** Click here to enter text.

 **Room, Board, Transportation:** Click here to enter text.

1. What monetary scholarships and/or awards are you currently receiving?

Click here to enter text.

1. Are you currently applying for or receiving financial aid through other sources? (PELL, grants, loans etc.)

 *Note: The California student financial aid department defines financial need as the difference between what it costs to attend a particular college and what you and your family can contribute.*

Click here to enter text.

1. Household information, if applicable:

 **Total number of family members in the household:** Click here to enter text.

 **Number of family members presently in college:** Click here to enter text.

1. ***Your application must be signed, dated and returned by Friday, April 20, 2018***

**Gloria Boland, Scholarship Chairman**

**P.O. Box 3408**

**Quincy CA 95971**

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 **Signature of applicant Date**