

Application

Valley View Hospital Auxiliary Health Sciences Scholarship

(Persons entering or continuing with studies in the medical field
and out of high school for at least one year)

The Valley View Hospital Auxiliary has established a health sciences scholarship for persons continuing with studies in the medical field, pursuing an advanced degree, or entering a health sciences degree program after being in another field of study. Applicants should have graduated from high school at least one year prior to applying for this scholarship and have a connection to the Roaring Fork Valley or Grand Valley. Applications may be obtained from the Community Relations Department at Valley View Hospital, 970 384-6656.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

Applications are due on April 13, 2012 5:00 P.M.

Please mail your completed application to:
VALLEY VIEW HOSPITAL AUXILIARY
c/o Annalise Appel
1906 Blake Avenue
Glenwood Springs, CO 81602

Application Check List

- 1) Application
- 2) Transcripts
- 3) 2010 or 2011 Federal Income Tax Return
- 4) Personal Statement
- 5) Names of 3 References
- 6) Sign and Date Application

Name: _____

Address: _____

Phone: _____ Street or P.O. Box _____ City _____ State _____ Zip _____
Male _____ Female _____ Date of Birth _____

Social Security Number: _____

(required for tax reporting purposes)

EDUCATION (most recent listed first):

Name of School _____ City/State _____ Years Attended _____ GPA/Degree _____

1. _____

2. _____

3. _____

Please attach copies of transcripts from these educational institutions (do not have to be official).

EMPLOYMENT OR VOLUNTEER WORK (most recent listed first):

Employer _____ City/State _____ Dates _____ Type of Work _____

1. _____

2. _____

3. _____

4. _____

ACADEMIC RECOGNITION AND//OR AWARDS:

LIST OTHER OUTSIDE INTERESTS OR HOBBIES:

Name of College or University you plan to attend: _____

College Financial Aid Office Address: _____

Program to which you have been accepted: _____

What was your 2011 income: _____

PLEASE INCLUDE YOUR 2010 (or 2011, if available) FEDERAL INCOME TAX RETURN.

What other financial resources will be contributing to your educational expenses (i.e. family assistance, other scholarships)? _____

REFERENCES:

Please provide three letters of reference from people not related to you. List below those persons who will be sending letters. **Letters must be sealed and mailed directly to:**

Valley View Hospital, Attn. Annalise Appel, 1906 Blake Ave., Glenwood Springs, CO 81601

1. _____

2. _____

3. _____

Attach a brief statement (no more than 1 page) on “WHY I WANT TO PURSUE A DEGREE IN THE FIELD OF HEALTH SCIENCES AND WHY THIS SCHOLARSHIP WOULD HELP.”

Signature of Applicant: _____ Date: _____