

Application

Teeny Jeung Memorial Scholarship

(Graduating High School Seniors Only)

The Valley View Hospital Auxiliary has established the Teeny Jeung scholarships in memory of Valley View Hospital Nurse Teeny Jeung. These annual scholarships are awarded in May of each year to a high school senior planning to pursue a career in the field of health sciences. Any high school student who has been accepted to a health sciences program at a college or university is eligible to apply. Applications may be obtained from the counselor's office at high schools in Glenwood Springs, Carbondale, New Castle, Rifle, Parachute, Eagle and Basalt, or from the Community Relations Department at Valley View Hospital, 384-6656.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

Applications are due 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 81601

Application Check List	
1)	Application
2)	High school transcript(s)
3)	2010 or 2011 Federal Income Tax Return
4)	Personal Statement
5)	Names of References
6)	Sign and Date Application
7)	Parent Sign and Date App

Name: _____

Address: _____
Street or P.O. Box City State Zip

Phone: _____ **Male** _____ **Female** _____ **Date of Birth** _____

Social Security Number: _____
(required for tax reporting purposes)

EDUCATION:

Name of High School(s)	City/State	Years Attended	GPA Degree
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1. _____

2. _____

Please attach a copy of your high school transcripts.

EMPLOYMENT OR VOLUNTEER WORK:

Employer	City/State	Dates	Type of Work
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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's Financial Aid Address: _____

Program to which you have been accepted: _____

Do you have siblings? What are their ages? _____

Please indicate which bracket your combined family income falls:

\$25,000 - \$35,000 _____	\$35,001 - \$45,000 _____
\$45,001 - \$55,000 _____	\$55,001 - \$65,000 _____
\$65,001 - \$75,000 _____	\$75,001 or above _____

PLEASE INCLUDE YOUR FAMILY'S 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)? _____

FINANCIAL INFORMATION:

What expenses do you anticipate?

Tuition _____
Room/Board _____
Books/Supplies _____
_____ _____
Transportation _____

Other (specify) _____
_____ _____
_____ _____

TOTAL \$ _____

How will you finance your first year of education?

Parents/Guardians _____
Personal Savings _____
Work while in College _____
Borrow _____
Scholarships/Grants* _____
_____ _____
Student Loans _____
Other (specify) _____
_____ _____

TOTAL \$ _____

**List only those scholarships/grants that you have been notified you will receive*

What will you do if you receive no financial assistance? _____

REFERENCES:

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

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

1. _____

2. _____

3. _____

Attach a brief personal statement (not more than 1 page) on **“WHY I WANT TO ENTER THE FIELD OF HEALTH SCIENCES”**.

Signature of Applicant: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____