



HEALTHY VALLEY FOUNDATION HIGH SCHOOL HEALTH RELATED CAREER SCHOLARSHIP

APPLICATION INSTRUCTIONS

- Aegis: The purpose of this scholarship is to provide financial support to students who:
 - Demonstrate commitment to the Hemet/San Jacinto Valley
 - Demonstrate emerging and/or sustained academic achievement in the physical and biological sciences, with an overall high level of academic achievement
 - Demonstrate actions aligned to an expressed interest in a career in the field of health care, with a specific interest in serving the Hemet & San Jacinto communities.
- Nursing Scholarship Applications will be available at the Hemet San Jacinto Community Health Foundation on the Foundation Website at www.healthyvalleyfoundation.com. Please complete the HVF Nursing Scholarship Application typed or neatly printed in blue or black ink.
- You must be a graduating senior in the spring of 2016.
- Awarding of the scholarship will be contingent on matriculation at an accredited four year university or community college. Dispersal of the funds will be made through your graduating school's ASB or donations account. Dispersal will require:
 - Evidence of course enrollment
 - Evidence of the completion of a FAFSA for the current financial aid cycle
- Please attach two (2) current Applicant Evaluation Forms or recommendation letters. Request two individuals, such as teachers, employers, or community leaders who are familiar with your career goals. Please attach copies of your unofficial transcripts from any/all schools attended. Please attach copy of your "Scholarship Profile" or resume outlining education, skills and professional interests.
- Please respond to the following essay questions. Do not submit any other document or statement.
 - **Major/Goals**
Describe your health related career aspirations. Please discuss your desired educational degree pathway as well as supporting educational interests.
 - **Adversity/Challenges**
Describe any adversity or challenges you have overcome or anticipate in pursuit of your educational goals.
- You must sign and date the "**Student Certification**". Your scholarship application will **not** be valid unless signed.
- Submit your scholarship application and all required documentation to the Foundation Office via E-Mail (pdf file to healthyvalleyfoundation@gmail.com) or you can mail your scholarship application to: Healthy Valley Foundation Office 3337 West Florida Avenue # 244 Hemet, Ca. 92545 by the deadline of **April 30, of each year at 5:00 PM.**

***Decisions of the scholarship committees are final.
Eligibility does not guarantee a scholarship.***

Application Deadline is April 30th, at 5:00 PM. Late applications will not be accepted.

Applications must be date stamped by the Foundation office by the deadline.

Applications Postmarked by April 30th will be accepted.



PERSONAL INFORMATION

Name: _____
Last First Middle

Current Mailing Address: _____
Street City Zip

Phone Number () _____ - _____ Date of Birth Mo ____ Day ____ Year _____

Email Address: _____

Schools attended:

Name of High School	Cumulative GPA	Units Earned	Dates Attended

List schools with current offers of acceptance for the fall semester (please attach letters of acceptance, if any):

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COMMUNITY INVOLVEMENT

List on/off campus clubs or organizations to which you volunteered your assistance in the past two years.

NOTE: Do not include organizations where you are employed, received compensation, or earned college credits.

1. Name of Organization _____

- Contact Person _____ Title _____ Phone _____
- How many volunteer hours a week do (or did) you provide? _____
- Volunteer Period - Beginning Date _____ Ending Date _____

2. Name of Organization _____

- Contact Person _____ Title _____ Phone _____
- How many volunteer hours a week do (or did) you provide? _____
- Volunteer Period - Beginning Date _____ Ending Date _____

3. Name of Organization _____

- Contact Person _____ Title _____ Phone _____
- How many volunteer hours a week do (or did) you provide? _____
- Volunteer Period - Beginning Date _____ Ending Date _____

Student Offices Held: _____

Awards and Recognitions: _____

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FREE RESPONSE

Responses must be typed.

(Attach to your completed Scholarship Form)

Describe any adversity or challenges you have overcome or anticipate in pursuit of your education and career in health care.

(Please use no more than 500 words.)

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HVF Scholarship Applicant Evaluation Form

To The Evaluator: Scholarship applicants must submit an Evaluation Form when applying for scholarships from at least two qualified individuals. The Evaluation form **must** include your name, title and contact information. The Evaluation Forms must be submitted by the applicant at the same time as they submit their scholarship application. Please return the Evaluation to the student in plenty of time for them to meet the deadline. You may also write a recommendation in letter format if you choose.

1. Name of Applicant _____

2. Student ID# _____

3. How long have you known the student and in what capacity?

4. Please rate the applicant on the following in comparison with other students of the same level:

	Exceptional	Above Average	Average	Below Average	No Information
General Academic Ability					
Motivation and Initiative					
Quality of Work					
Willingness to Learn					
Imagination and Creativity					
Dependability/Responsibility					
Social Skills/Leadership Ability					
Potential to Succeed					

5. Please provide any additional comments about the applicant below or attach letter of recommendation -

Evaluator's Signature

Date

Print Name and Title

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STUDENT CERTIFICATION

Financial need may be considered in determining eligibility. It must be emphasized that eligibility for scholarships is mainly based on your ability to meet scholastic and other criteria as set forth by the scholarship donors. The information you supply on your scholarship application is recognized by the Foundation to be confidential and you agree that the Foundation may reveal or forward the contents of your application to the HVF Foundation committee members and/or other reviewing committees. Any disclosure of confidential information associated with any application to individuals not directly associated with the evaluation process is strictly prohibited.

Your signature is required for your application to be considered.

I _____, certify that all information given in this application and other documents is true and complete to the best of my knowledge.

I also realize that any false statement may cause the denial of my scholarship application.

I understand that the information on this application is confidential.

HVF may use the limited information I have provided for publicity purposes.

Print Applicant's Name

Applicant's Signature

Date

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