

# HIGH SCHOOL SENIOR APPLICATION

## 2019 Northridge Hospital Auxiliary Health Care Scholarship

### APPLICANT REQUIREMENTS

- A. **Must** have accrued **at least** one hundred (100) hours of volunteer service at NHMC
- B. **Must** be a High School Senior pursuing a career in health care.
- C. **Must** have an accumulated High School grade point average of **at least** 3.0.
- D. **Must** include a letter of acceptance from an accredited college or university.

### APPLICANT INFORMATION *(Please print)*

Name \_\_\_\_\_  
Last First Middle Initial  
Address \_\_\_\_\_  
No. & Street City Zip Code  
Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

### PERSONAL PROFILE

***(TO RECEIVE CONSIDERATION, YOU MUST INCLUDE ALL THE FOLLOWING INFORMATION)***

- A. Enclose **ALL** the following information about yourself and why you deserve this scholarship:
  - 1. **Demonstration of Financial Need**
  - 2. **Family Responsibilities**
  - 3. **Professional Experience**
  - 4. **Outside Related Interests**
  - 5. **Career Goals**
- B. Enclose **three** (3) personal reference letters on appropriate stationery:
  - 1. One (1) from Northridge Hospital Volunteer Services.
  - 2. One (1) from your employer/supervisor or from a high school instructor.
  - 3. One (1) from someone **other than relatives** who have known you for two or more years.
- C. Enclose a **current, official, sealed** high school grade transcript.

### EDUCATION BACKGROUND *(Please print)*

High School \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
School Name Location Years Attended  
Intended College or University \_\_\_\_\_  
Health Care Major \_\_\_\_\_  
Extra Curricular Activities \_\_\_\_\_

Are you applying for other scholarships or grants? \_\_\_\_ Yes \_\_\_\_ No

If Yes, give source(s) and amount(s)

### ATTACH ADDITIONAL PAGES IF NECESSARY

Questions may be e-mailed to [brian.hammel@dignityhealth.org](mailto:brian.hammel@dignityhealth.org).

*Be sure to include your name, email, USPS mailing address home and/or cell phone numbers.*

***REQUIRED INFORMATION MUST BE RECEIVED BY THE AUXILIARY NOT LATER THAN FRIDAY, APRIL 12, 2019.***

*Mail to: Northridge Hospital Foundation,  
Northridge, CA 91328, ATTN: **Auxiliary Scholarship.***

***INCOMPLETE OR LATE APPLICATIONS RECEIVED WILL NOT BE CONSIDERED.***

Note: This form may be duplicated.

# HIGH SCHOOL APPLICATION INSTRUCTIONS

## Northridge Hospital Auxiliary Health Care Education Scholarship

Before filling out the Application Form, please read ALL the following:

### ELIGIBILITY

1. Any graduating high school senior accepted to a health care career at an accredited college, university or technical school may apply. The school must be accredited by a regionally accredited association of schools/colleges and offer courses in the health care field.
2. A GPA (Grade Point Average) of 3.0 out of a possible 4.0 is required.
3. The applicant must follow **ALL** instructions and provide **ALL** information required by this application.

### PERTINENT FACTS

1. NHMC Auxiliary Health Care Scholarship recipients are selected by the Auxiliary Scholarship Committee based on the applicant's financial need, family responsibilities, academic performance, community service and demonstrated interest in a health care career. Decisions by the Scholarship Committee are final.
2. Two-thousand dollar (\$2,000) scholarships are available to be awarded.
3. Scholarship recipients will be notified the week of May 6-12, 2019.
4. Recipients (or their representative) are expected to attend an awards ceremony at NHMC.

### APPLICANT'S RESPONSIBILITIES

1. Applications must be made **ONLY** on this form or a photocopy thereof. Other than the items noted in paragraphs 3 - 5 below, all application information must be on this form.
2. Application must be typed or PRINTED LEGIBLY.
3. THREE (3) personal reference letters on appropriate stationery must be attached to and submitted with the application: ONE (1) from NHMC Volunteer Services, ONE (1) from your current employer/supervisor or a high school instructor, and ONE (1) from someone **OTHER** than relatives who have known you for two or more years.
4. Official proof of acceptance/enrollment from the school you will attend.
5. A current **OFFICIAL, SEALED** high school grade transcript. It need not include information about spring courses not yet completed.