

ADULT APPLICATION

2018 Northridge Hospital Auxiliary Health Care Education Scholarship

APPLICANT INFORMATION *(PLEASE PRINT)*

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

EDUCATION BACKGROUND *(Please print)*

High School _____ From _____ to _____
School Name Location Years Attended
College/University _____ From _____ to _____
School Name Location Years Attended
Health Care Major(s) _____

Other Studies (Explain) _____

NEW STUDENTS - Please include a letter of acceptance from an Accredited College/University

Are you applying for other scholarships/grants? ____ Yes ____ No [If Yes, give **source(s)** and **amount(s)**]

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. **Career Goals**
5. **Outside Related Interests**

B. Enclose **three** (3) reference letters on appropriate stationery:

1. **One** (1) from your NHMC employer/supervisor.
2. **One** (1) from an current or previous instructor.
2. **One** (1) from a person ***other than relatives*** who have known you for two or more years.

C. Enclose a CURRENT, SEALED and OFFICIAL full grade transcript and proof of CURRENT enrollment.

(SEE INSTRUCTIONS)

ATTACH ADDITIONAL PAGES IF NECESSARY

Questions may be e-mailed to Tonette.Barcellona@DignityHealth.org.

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

ALL REQUIRED INFORMATION MUST BE RECEIVED BY THE AUXILIARY NOT LATER THAN FRIDAY, APRIL 13, 2018.

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

APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED.

Note: This form may be duplicated.

ADULT APPLICATION INSTRUCTIONS

Northridge Hospital AUXILIARY Health Care Education Scholarship

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

ELIGIBILITY

1. The applicant must have a **current, or within the previous 12 months, a badged relationship with Northridge Hospital;**
2. The applicant must be **accepted to or enrolled in** a healthcare curriculum at a regionally accredited school;
3. The applicant must have a documented **GPA of 3.0 out of possible 4.0;**
4. Eligibility of selected recipients must be certified by the Northridge Hospital Foundation.

PERTINENT FACTS

1. Auxiliary Health Care Scholarship recipients are selected by the Auxiliary Scholarship Committee based on the (1) applicant's financial need, (2) family responsibilities, (3) academic performance, (4) community service and (5) 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 in May.
4. Recipients (or their representative) are expected to attend an awards luncheon 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.
 - THREE (3) personal reference letters must be attached to and submitted with the application: ONE (1) from your current or previous NHMC supervisor, ONE (1) from an instructor, and One (1) from a person (**other** than relatives) who have known you for two or more years.
3. Official proof of acceptance/enrollment from the school you will or currently attend.
4. An **OFFICIAL, SEALED** transcript. It need not include information about spring courses not yet completed.