



## Auxiliary Scholarship Application

January 2019

Dear Scholarship Applicant;

Astria Sunnyside Hospital Auxiliary Health Career Scholarships will be awarded again this year to people pursuing careers in a health occupation. We are interested in supporting people who will return to Sunnyside and support our hospital and community by working here.

Applications can be downloaded from the Astria Sunnyside Hospital website: [www.astria.health](http://www.astria.health)

The scholarships will be awarded for the 2019-2020 academic school year. The monies will be awarded directly to the recipient with proof of paid tuition, required school books and a grade of 3.0 or better for the completed quarter or semester beginning with the 2019-2020 academic school year. In other words, you would be reimbursed for your completed efforts.

Some of the stipulations in receiving the scholarship include:

- Recipients will be asked to volunteer a few hours at designated Auxiliary events throughout the 2019-2020 academic year.
- Recipients of the scholarships will be encouraged to apply for open positions at Astria Sunnyside Hospital in their field upon completion of their schooling.

**Your completed application form, letter to the Auxiliary as specified, two recent letters of recommendation, transcripts of high school and/or college grades must be submitted to LuAnn Roach on or before Friday, March 29, 2019.** Applications turned into someone other than LuAnn Roach may not make the deadline, and incomplete application packets will not be considered.

If awarded a scholarship, the check will be paid directly to the scholarship recipient upon completion of a quarter or semester beginning with Fall 2019. Proof of paid tuition, required school book receipts and a grade of 3.0 or better is required for the reimbursement.

Sincerely,

LuAnn Roach  
Chairperson, Astria Sunnyside Hospital Auxiliary Scholarship Committee  
P.O. Box 719 Sunnyside, WA 98944  
(509) 839-3696  
[rlroach@embarqmail.com](mailto:rlroach@embarqmail.com)



Health Career Scholarship Application  
Academic Year 2019-2020

**Please Print**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

**Education:**

High School \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Advanced Education: \_\_\_\_\_

List school activities in which you have participated:

What special honors or scholarships have you received or are due to receive?

If you do not receive this scholarship how will you pay for your education?

What is your choice of career?

What college do you plan to attend?

Hobbies:

**If Dependent:**

Father's Name: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_



Mother's Name: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

How many siblings are still at home? \_\_\_\_\_

Will any other family members be attending college at the same time as you?

(please circle) YES or NO      If yes, where? \_\_\_\_\_

If married: Spouse's Name: \_\_\_\_\_

Spouse Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

In a letter to the scholarship committee, not to exceed one written or typewritten page in length, please write about your reasons for choosing your career and school of choice, your plans upon completion of school, your financial situation, long-term goals, and any other information you might think is pertinent in helping the scholarship committee know you as an individual.

Enclose two recent letters of recommendation – one from a teacher or instructor who knows your academic work or an employer/coworker who can speak for your work ethic and one from a responsible person in the community who knows you well.

The application should be accompanied by a complete transcript of your high school record, including the first semester of your senior year (if you are currently a senior in high school). Also, if college credits have been earned, please include these current records.

Incomplete applications will NOT be considered for a scholarship, so please be complete and thorough with the application packet. Enclose all application material in one envelope postmarked on or before Friday, **March 29, 2019** and send to:

LuAnn Roach  
Scholarship Chairperson  
c/o Astria Sunnyside Hospital Auxiliary Scholarship  
Committee  
P.O. Box 719  
Sunnyside, WA 98944

All information obtained throughout the application process will remain confidential.

Thank you

## Scholarship Application Checkoff List

Enclose the Following Information: Completed

- Application
- Personal Letter to the Committee
- Two Recent Letters of Recommendation
- Current High School and/or College Transcripts Postmarked on or Before **March 29, 2019** and Addressed to:

LuAnn Roach  
Scholarship Chairperson  
c/o Astria Sunnyside Hospital  
Auxiliary Scholarship Committee  
P.O. Box 719  
Sunnyside, WA 98944

Scholarship winners chosen for the 2018-2019 academic school year will be notified via mail by the first week of May and invited to attend the Astria Sunnyside Hospital Auxiliary's Annual Installation Dinner.