



Auxiliary Scholarship Application

February 2020

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

The scholarships will be awarded for the 2020-2021 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 2020-2021 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 2020-2021 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 27, 2020. 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 2020. 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



Health Career Scholarship Application Academic Year 2020-2021

Please Print

Full Name: _____ Age: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell Phone: _____

Email: _____

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: _____



ASTRIA SUNNYSIDE HOSPITAL

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 typed 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 high school or college transcript, 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 27, 2020** 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 27, 2020** 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 2020-2021 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.