

VAL VERDE COUNTY HOSPITAL DISTRICT BOARD APPLICATION FOR HEALTHCARE SCHOLARSHIP PROGRAM

PLEASE RETURN TO VVRMC HUMAN RESOURCES OFFICE WITH ALL APPLICATION ATTACHMENTS BY 5PM ON **DUE MAY 7**

Applicant Name: _____

Full Residence Address: _____

Full Summer Address: _____

Home Phone: () _____ Cell Number: () _____ Alternate Number: _____

PLEASE NOTE: IF YOU ARE AWARDED A SCHOLARSHIP, BUT WE CANNOT CONTACT YOU BECAUSE OF INCORRECT ADDRESS/PHONE INFORMATION. YOU WILL LOSE YOUR AWARD. IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES. Notification Number 830-775-8566 HR Dept.

Date of Birth: _____ Place of Birth: _____

U.S. Citizen: Yes / No If no, please explain _____

Val Verde County Resident: Yes / No

Name of High School or GED Institution _____ GPA _____

Date of Graduation: _____ Certified Copy of High School Transcript or Equivalence (GED): Yes / No

List of Honors Received and dates: _____

(If more space needed, please use back of the form)

Have you demonstrated application or been accepted to an accredited institution (vocational, technical or business school, college, or university)? Yes/No

Name of College, University or Technical School you plan to attend:

Address: _____

Phone Number: _____

Healthcare Degree/Program you plan to pursue: _____

(Please include your acceptance letter or proof of application)

Certified Copy of College Transcript(s) attached: Yes / No / Not yet in attendance

Are you in good academic standing at the above institution? Yes / No / Not yet in attendance

Please attach a brief essay (typed, 500 words or less) specifically stating:

- The healthcare degree or certification you will be pursuing and how competition will benefit healthcare in Val Verde County
- Future professional goals upon completion of the healthcare degree program (gain employment, pursue graduate degree, etc.)
- How the applicant intends to use the scholarship funds for healthcare education related expenses if selected (tuition, fees, books, computer or other technology needs, program materials, transportation, etc.)

Submit two professional letters of recommendation, i.e., instructors, employer, etc. (not related to applicant)

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

By signing the application, I am stating that to the best of my knowledge, the above information is true and my application is complete (incomplete or late applications will not be considered).

Signature of Applicant _____ Date _____