



Scholarship Application

Application due to Mountain Valleys Health Centers by Friday, April 14, 2017

“Making A Difference”
Scholarship 2017
\$200.00

1. DEADLINE for scholarship applications is Friday, April 14, 2017 at 5:00 p.m. (NO EXCEPTIONS)
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or email in May regarding the status of your application.
6. If you have any questions about the application, please call Jennifer Caravantes, Marketing and Admin Assistant. Please **call (530) 294-5241 or by email at jcar@mntvalleyhc.org.**

PURPOSE: Mountain Valleys Health Centers mission of the scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, colleges, trade schools, and universities. Mountain Valleys Health Center principally targets two and four year academic programs; however, certificate/licensing programs including but not limited to fields such as paralegal training, IT, ultrasound techs, medical records personnel and nursing are also eligible.

FINANCIAL ASSISTANCE is based on financial need, academic performance, leadership potential, and volunteer hours. Scholarships are awarded annually provided funds are available.

SCHOLARSHIP AWARDS

Mountain Valleys Health Centers awards scholarships on the basis of a comprehensive process. Areas that are reviewed include, but are not limited to the following: Academic Accomplishments, Community Service, References, Personal Essay and Financial Need. MVHC pays scholarship funds directly to the recipient. Mountain Valleys Health Centers Scholarships are awarded without regard to race, color, ethnicity, gender or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

CRITERIA

- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale.
- Applicants must be accepted as a full time student at a college, university, or trade school program for the upcoming academic semester.
- Applicants must demonstrate a need for financial assistance.
- Preference will be given to students wishing to enter into the medical, dental, or behavioral health field (including but not limited to the medical and administrative field in medicine.)
- Applicants must be a citizen or legal permanent resident of the United States.
- Applicants must complete and submit a scholarship application by Friday, **April 14, 2017.**
- Applicants are notified if awarded a scholarship May 2017.

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official high school transcript.
- One reference letter from a guidance counselor, teacher, or community member (cannot be related to the applicant.)
- Proof of acceptance or enrollment at an academic, vocational, or technical school for post-secondary studies.
- Demonstrated financial need.

SCHOLARSHIP AWARDS

- Award notification will be given by May 2017.
- Scholarship to be given by MVHC board member or staff at baccalaureate or graduation ceremony.

CRITERIA FOR SCHOLARSHIP RECIPIENTS

- **Application must be filled out by applicant.**

Deadline for the application is Friday, **April 14, 2017**. Please allow plenty of time if you are mailing in your application.

Please mail, email (jcar@mtnvalleyhc.org), OR submit application in person to:

**“Making A Difference”
Scholarship Program**

Mountain Valleys Health Centers

Attn: Jennifer Caravantes

PO Box 277
Bieber, CA 96009



Mountain Valleys
HEALTH CENTERS

Please **type on a separate sheet** or **print** your answers below. If application is illegible it will be returned to you.

1	Last Name:	First Name:
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3	Daytime Telephone Number: () Email address: _____	
4	Current High School:	Number of years attended HS:
5	I will be attending the following school in the <u>Fall of 2017</u> : _____ Address/Phone	
6	What year will you enter school? Freshman Sophomore Junior Senior	
7	Will you be a full time student? _____	
8	Will you be a commuting student? Will you live on campus? _____ If you are not living on campus, where will you be living? _____	
9	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent school transcript required.	
10	ACT Score: _____ Or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is not required.	

11	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____				
12	List the name of any previous high schools you have attended.	Year Began	Year Ended	Year Graduated	GPA
	A.				
	B.				
	C.				
13	What specialty/major do you plan to major in?				
14	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) Make additional comments if needed.				
	A.	Tuition:	Amount: \$		
	B.	Books:	Amount: \$		
	C.	Room & Board:	Amount: \$		
	D.	Other expenses:	Amount: \$		
	E.	Other expenses:	Amount: \$	“	
15	List other financial assistance you will receive per semester or quarter:				
	A.	Personal:	Amount: \$		
	B.	Other Scholarship(s):	Amount: \$		
	C.	Grants:	Amount: \$		
	C.	Student Loan(s):	Amount: \$		
	D.	Other Financial Resources:	Amount: \$		

Please list the following information on a separate sheet if needed.

16	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
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17	AREA OF STUDY: What do you want to study and why?		
18	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.		
19	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.		
20	GOALS: What are the short and long term goals for your life?		
21	NEED: Please explain your need for the Mountain Valleys Health Center Scholarship.		
22	CAREER PLANS: What are your career plans and what would you like to be doing in 10 years?		
23	<p>A. The following items must be attached to this application in order for the application to qualify.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
	YES	NO	One reference letter. Your references will mail these to the Mountain Valleys Health Center marked attention Jennifer Caravantes.
	YES	NO	Most recent high school transcript.
	YES	NO	WAIT! Did you answer all the questions from 1-22?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to Mountain Valleys Health Centers is true, correct, and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the "Making a Difference" Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according to Mountain Valleys Health Centers scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

**The deadline for this application to be received by
Mountain Valleys Health Centers is
Friday, April 14, 2017. No exceptions!**



Mountain Valleys
HEALTH CENTERS