

**PLUMAS DISTRICT HOSPITAL VOLUNTEERS
HEALTH-RELATED CAREER SCHOLARSHIP APPLICATION**

Please complete the enclosed application and mail to:

Plumas District Hospital Volunteers
Attn: Gayle Anderson, Scholarship Chairman
P.O. Box 828 - Quincy, CA 95971-0828

REQUIREMENTS

1. Applicant must be a resident of Quincy, CA, or a graduating senior or graduate of a high school within the Plumas Hospital District.
2. Applicant must plan to pursue or is currently enrolled in a health-related academic program.
3. Transcriptions or a Work Experience Resume must accompany application with verification of grade point average in the last four years of school.
4. A current letter of recommendation (dated within the past year) from a High School or College counselor or teacher and, in case of a non-student, a personal letter of recommendation is required.
5. Financial need of applicant may be considered in final selection of qualified candidates.
6. To be considered, this application must be completed, signed, dated and returned to the address listed above postmarked no later than April 15, 2010.

DISBRIBUTION:

Scholarship money will be issued upon verification of registration in the school of recipient's choosing: one half of scholarship award will be issued at the beginning of the school semester (September) and one half will be issued upon verification of registration for second half of school year (January)

FOR YOUR INFORMATION:

1. Applications are available February 1, 2010
2. Recipient will be notified by mail no later than May 15th.
3. Presentation of Scholarship Certificates will be made at the June meeting of the Plumas District Hospital Volunteers.
3. If you should have any questions, please don't hesitate to contact the Scholarship Chairman, Gayle Anderson at 283-0863.

**PLUMAS DISTRICT HOSPITAL VOLUNTEERS
HEALTH-RELATED CAREER
SCHOLARSHIP APPLICATION**

Application is to be typed and/or created on your computer.

A. Student and Family information:

Name _____

Address _____

Parent/Guardian _____

Address _____

Telephone _____

**B. Are you now enrolled in or planning a specific health-related career?
Please describe your goals and plans.**

C. List High School and Colleges you have attended:

School	Dates Attended	GPA
--------	----------------	-----

D. What scholarships and/or awards have you received?

**E. List and describe your Extra-Curricular and community service activities.
Please include dates.**

F. Please write a short biography giving pertinent information about school courses and interests, personal experiences and significant others who have directed you toward a health-related career.

G. Anticipated cost of college:

Name of college _____

Tuition & Fees _____

Books & Supplies _____

Room, Board, Transportation _____

Did you apply for financial aid through PELL or CalGrant? _____

Note: The California student financial aid department defines financial need as the difference between what it costs to attend a particular college and what you and your family can contribute.

H. Household information:

Total number of family members in the household _____

Number of family members presently in college _____

I. Income and expenses information

Income earned last calendar year by: Father _____

Mother _____

Student _____

Father's employer _____

Mother's employer _____

Student's employer _____

The information contained on this scholarship application is used solely by the scholarship committee and is maintained as highly confidential.

- J. **Your application must be signed and dated and returned to Gayle Anderson by Thursday, April 15, 2010**

Signature of applicant

Date