

**Menifee Valley Medical Center Auxiliary Inc.
28400 McCall Boulevard, Menifee, California 92585
951-679-8888 ext.7254**

SCHOLARSHIP APPLICATION

ELIGIBILITY

1. Anyone active in, or planning to enter the field of healthcare residing in certain local postal zip codes, may apply.
2. The school to be attended must be accredited by a regional association of schools and colleges and must offer courses in the health care field.
3. A 3.0 GPA out of a possible 4.0 GPA is necessary for consideration.

PERTINENT FACTS

1. MVMC Auxiliary Scholarships will be awarded annually and based on student's school work, employment, community service and desire to enter or continue in a healthcare profession.
2. Scholarships awarded will be applied toward tuitions, fees, or books and sent to the institution designated by the recipient.
3. If the recipient drops out of school while the award is in effect, funds must be returned commensurate with the school year.
4. Official proof of acceptance from the educational institution will be required prior to disbursement of the scholarship award.
5. The deadline for submitting the completed application is February 01, 2017.
6. Review of applications and selection of recipients will be no later than March 08, 2017.
7. Applicants RESIDING in postal zip codes 92548, 92567, 92570, 92571, 92584, 92585, 92586, 92587 and 92596 are eligible to apply. Employees and volunteers of Menifee Valley Medical Center are eligible to apply.

APPLICANT'S RESPONSIBILITIES

1. Application MUST BE made only on this form or a photocopy thereof.
2. Application must be typed or printed legibly.
3. Current transcript must be attached to and sent with the application.
4. Three (3) personal reference letters must be attached to and sent with the application. Reference letters from your most recent employer, counselor, instructor, club/student advisor/community or church leader (not a family member) is very helpful in assisting the committee members in selection of recipients.
5. To become a candidate, return the completed application by February 01, 2017.
6. Applications should be returned to the following address:

Menifee Valley Medical Center Auxiliary, Inc.
Scholarship Committee
Attention: Ed Hollowell, Chairperson
28400 McCall Boulevard
Menifee, California 92585

APPLICATIONS, LETTERS, AND COPIES OF TRANSCRIPTS ARE NOT RETURNABLE

Please include:

- A.) Completed application
- B.) Three letters of Reference
- C.) Official Transcripts (High School/College)
- D.) Legible copy of official proof of acceptance from educational institution for the upcoming term

NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED

SCHOLARSHIP APPLICATION

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PLEASE TYPE OR PRINT LEGIBLY

NAME IN FULL _____ D.O.B. _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS _____

CITY/STATE _____ ZIPCODE _____

TELEPHONE (HOME) _____ (WORK) _____

EDUCATIONAL BACKGROUND

INCLUDE LEGIBLE COPY OF TRANSCRIPTS OF GRADES WITH THIS APPLICATION

HIGH SCHOOL _____ YRS. ATTENDED _____ TO _____

LOCATION _____

COLLEGE/UNIVERSITY (IF APPLICABLE) _____

LOCATION _____ YRS, ATTENDED _____ TO _____

NAME OF COLLEGE/UNIVERSITY PLANNING TO ATTEND _____

ADDRESS OF COLLEGE _____ CITY/STATE _____

PLANNED MAJOR _____ MINOR _____

WORK EXPERIENCE (IF APPLICABLE)

EMPLOYER _____ TYPE OF WORK _____

DATES WITH THIS EMPLOYER _____

ACTIVITIES AND INTERESTS _____

QUESTIONS – 951-672-1014 – Committee Chairman

GOALS AND OBJECTIVES

1. WHAT HEALTH CAREER DO YOU PLAN TO PURSUE?

2. WHAT QUALIFICATIONS DO YOU FEEL YOU HAVE TO PURSUE THIS FIELD?

3. YOUR PURPOSE IN APPLYING FOR A SCHOLARSHIP?

4. IS FINANCIAL AID NECESSARY TO CONTINUE YOUR EDUCATION? EXPLAIN.

5. HAVE YOU APPLIED FOR OR RECEIVED OTHER SCHOLARSHIPS?

6. DESCRIBE YOUR INTEREST IN THE FIELD OF HEALTHCARE. INCLUDE YOUR HEALTHCARE VOCATIONAL OBJECTIVES AND GOALS.

I UNDERSTAND THAT THE APPLICATION INFORMATION, TRANSCRIPT INFORMATION AND REFERENCE LETTERS WILL BE USED SOLELY FOR THE PURPOSE OF EVALUATION OF THE APPLICATION FOR SCHOLARSHIP BY THE M.V.M.C. AUXILIARY SCHOLARSHIP COMMITTEE AND WILL NOT BE RETURNED.

Signature of Applicant

Date: _____