



FOOTHILL PRESBYTERIAN HOSPITAL AUXILIARY

250 South Grand Avenue.

Glendora, CA 91741

(626) 857-3103

Dear Applicant,

Enclosed is the application for scholarships sponsored by the Foothill Presbyterian Hospital Auxiliary.

This scholarship program is available to high school graduates and to college students who are majoring in a **health career field**. All applicants **must be United States citizens and California residents**. Students must fully complete the entire 2017-2018-application form in order to be considered by the Scholarship Committee. Prior application forms will not be accepted. Also by going to cvhp.org and click on "about us" then click on the link for FPH Auxiliary Scholarship.

Completed and signed scholarship applications must be received on or before the end of the business day **on March 15, 2017**. They may be sent or delivered to:

Foothill Presbyterian Hospital
Scholarship Chair/Volunteer Office
250 South Grand Ave.
Glendora, CA. 91741

Thank you for the interest in this program. If you have further questions regarding the application or program please call the Volunteer office at (626) 857-3103.

Sincerely,

Paul J. Christensen
Chairman, Scholarship Committee



FOOTHILL PRESBYTERIAN HOSPITAL
An Affiliate of Citrus Valley Health Partners

FOOTHILL PRESBYTERIAN HOSPITAL AUXILIARY
250 South Grand Avenue.
Glendora, CA 91741
(626) 857-3103

HEALTH CAREER SCHOLARSHIP APPLICANT ELIGIBILITY
2017 – 2018 ACADEMIC YEAR

ELIGIBILITY

1. Any high school senior, college student or Foothill Presbyterian Hospital (FPH) employee who has been accepted to study at an accredited college, university, or technical school pursuing a health career and/or advancing his/her professional health career.
2. Applicant must be United States (U. S.) citizen.
3. Applicant must be California resident.
4. The school to be attended need not be located in California, however, it must be accredited by a regionally accredited association of schools and colleges.
5. **The applicant must use and fully complete the 2017-2018 application form.**

PERTINENT FACTS

The FPH Auxiliary awards scholarships, of which some are privately endowed, to students pursuing and/or advancing a Health Career. The Scholarship Committee appraises and evaluates each application using the following standards and criteria to select the scholarship recipients.

The following criteria are reviewed:

Grade Point Average (GPA)

Honor and/or professional achievements

Volunteer Service

Letters of Recommendation (current within 6 months, original, signed and on letterhead)

Two personal or professional letters of recommendation

FPH employee must add one letter of recommendation from his/her Department Director.

FPH Junior Volunteer must add one letter of recommendation from Director of Volunteers or Junior Volunteer Advisor.

Personal essay expressing applicant's goals

Financial Need (Section 6, Demographic data **MUST** be completed to be considered)

Use of correct application form and completeness thereof (failure of same will result in non-consideration)

Applications are mailed to local High Schools, Community Colleges and Universities. Applications are also available in the FPH Auxiliary/Volunteer and Nursing Offices and at www.cvhp.org, click on About Us.

Application forms and all other required documents must be received in the FPH Auxiliary office no later than the close of business on March 15, 2017. No exceptions please!

FOOTHILL PRESBYTERIAN HOSPITAL AUXILIARY
250 SOUTH AVENUE, GLENDORA, CA 91741
(626) 857-3103

2017-2018 HEALTH CAREER SCHOLARSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Cell _____

Date of birth _____ Age _____ Birthplace _____

U. S. Citizen: Yes ___ No ___ FPH employee: Yes ___ No ___ FPH volunteer: Current ___ Past ___ No ___

AFFIX RECENT PHOTOGRAPH HERE
(2X2 or wallet size)

1. Name of school currently attending _____

Grade Point Average _____ Projected Date of Graduation _____

List secondary schools and/or colleges previously attended:

Name of School	Dates Attended	GPA
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **List Extra-curricular School Activities**, such as athletics, drama, clubs and offices held within past 5 years. Include activity name and dates. If none, check here _____

3. **List Volunteer Activities** in which you have participated within past 5 years. Include name of organization and dates (month and year). If none, check here _____

4. **List Honor and/or Professional Achievements** awarded within past 5 years. Please specify the honor/achievement, organization awarding it and dates. If none, check here _____

5. **List the name and address of school or college** you plan to attend that offers Pre-Med, Nursing or other health career program. _____

A. Have you applied to the college that you plan to attend? Yes ___ No ___
If yes, please list date of your application. _____

B. In which specific field are you seeking a degree? (Check one)
Nursing ___ Physical Therapy ___ Pre-Med ___ Other (specify) _____

C. Have you been accepted by the college you plan to attend? Yes ___ No ___ *

* It is your responsibility to notify the FPH Auxiliary Scholarship Committee Chairperson when you learn of your acceptance to a college.

6. Demographic Data

- a. With whom do you live? Both parents ___ Mother only ___ Father only ___
Spouse/partner ___ Alone ___ Other, please clarify _____
- b. How many people in your immediate family (those that live with you or you live with) are/will be attending college when you are? Please list relationship of each. Number _____
Brother(s) ___ Sister(s) ___ Son(s) ___ Daughter(s) ___ Mother ___ Father ___
Spouse/partner ___ Other, please clarify _____
- c. Who will be paying the majority of your education costs?
Both parents ___ Mother only ___ Father only ___ Spouse/partner ___ Self ___
Other, please clarify _____
- d. What is the annual household income of the person(s) listed in c above? _____

7. List your Employment Experience starting with most recent dates. If none, check here _____

Date	Employer	Job Title	Full/part time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Include Letters of Recommendation from two local area persons such as employer, teacher, counselor, etc. (Letters of Recommendation from relatives are not accepted.) Letters are from:

Name _____ Address _____
Phone _____

Name _____ Address _____
Phone _____

FPH employee must also include one letter of recommendation from his/her Department Director.

Name _____ Department _____

FPH Junior Volunteer must also include one letter of recommendation from Director of Volunteers or Junior Volunteer Advisor.

Name _____ Title _____

9. **Personal Essay.** On a separate piece of paper, please write a personal essay (limit 2 pages, double-spaced) on your career goals which includes the following topics:

- a. Why you have chosen to pursue a future in a health career field and/or advancement in your professional health care career.
- b. Your immediate plans.
- c. Your future goals.
- d. Why these goals are especially important to you.

10. **Personal Bio.** Those awarded scholarships will have a personal bio published in the FPH Scholarship Award Dinner program, the Foothill Auxiliary newsletter and local news releases related to the FPH Auxiliary Scholarship program. Please write a personal bio (maximum of 125 words) to be used for this purpose. Please refer to sample below for format and content ideas.

Sample:

“Volunteering at FPH over the past few years has encouraged and inspired me to become an Internal Medicine doctor. I achieved a 4.8 grade point average at Glendora High School and have been accepted to attend the University of California, Berkley, majoring in Public Health and participating in research and internships. I am especially interested in Cal’s Center for Family and Community Health, which aims to promote health and prevent disease through programs directed at communities, neighborhoods and families. My immediate plan is to continue to comfort and make people feel better every moment that is possible, because in my world, when others are happy, I am happy.”

11. **The following items are to accompany this application:**

- Completed application form (All sections MUST be completed including income)
- A recent photograph (space provided on page 1)
- Official** school transcript(s) with original signature and/or seal. Internet copies are not accepted.
- Two letters of recommendation **dated within 6 months, with original signature, on letterhead.**
- FPH employee: Add one letter of recommendation from Department Director.
- FPH Junior Volunteer: Add one letter of recommendation from Director of Volunteers or Junior Volunteer Advisor.
- Personal essay on career goals as specified in # 9.
- Personal Bio as specified in # 10.
- Photo copy of your birth certificate or proof of United States citizenship.

Failure to use the 2017-2018 FPH Health Career Scholarship application form and/or to not fully complete the application with requested information will result in non-consideration.

Declaration of Information

I hereby apply for consideration for a scholarship under the Foothill Presbyterian Hospital Auxiliary program. I declare that I have used the **2017-2018 Health Career Scholarship Application form and completed all sections of the application** and that all of the information provided by me is **true and accurate** to the best of my knowledge.

Signature of Applicant _____ Date _____

Consent of Release of Information

I hereby consent to the release of any information in connection with this application in the sole judgment of Foothill Presbyterian Hospital Auxiliary Scholarship Committee that may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as Foothill Presbyterian Hospital Auxiliary Scholarship Committee is concerned since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.

Signature of Applicant _____ Date _____

Verification of Information

If applicant is under 21 years of age, parent/guardian verification and signature is required.

Parent and/or/Guardian Name _____

Address _____ City _____

State _____ Zip code _____ Phone (____) _____

I have verified all of the information on this application as being complete, true and accurate.

Signature of parent/guardian _____ Date _____

NOTE: COMPLETED APPLICATION FORMS AND ALL OTHER REQUIRED DOCUMENTS MUST BE RECEIVED BY THE SCHOLARSHIP COMMITTEE CHAIRPERSON NO LATER THAN THE CLOSE OF BUSINESS ON MARCH 15, 2017. NO EXCEPTIONS PLEASE.

THE FPH AUXILIARY
ANNOUNCES



HEALTH CAREER SCHOLARSHIPS

**APPLY
NOW**

APPLICATION FORMS ARE AVAILABLE IN THE FOOTHILL PRESBYTERIAN HOSPITAL VOLUNTEER OFFICE (FOURTH FLOOR), NURSING ADMINISTRATION (SECOND FLOOR) AND ON THE WEBSITE AT WWW.CVHP.ORG

APPLICATIONS DUE BY MARCH 15, 2017

SCHOLARSHIPS AWARDED IN MAY, 2017

QUESTIONS??

CONTACT THE
FPH VOLUNTEER
OFFICE AT
857-3103

OR

VISIT THE
WEBSITE:

WWW.CVHP.ORG
(CLICK ON ABOUT US)



ATTENTION !!

THE FPH AUXILIARY IS NOW ACCEPTING APPLICATIONS TO BE CONSIDERED FOR SCHOLARSHIPS BEING AWARDED IN MAY.

ANY HIGH SCHOOL SENIOR, COLLEGE STUDENT OR FPH EMPLOYEE WHO HAS BEEN ACCEPTED TO STUDY AT AN ACCREDITED COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL PURSUING A HEALTH CAREER AND/OR ADVANCING HIS/HER PROFESSIONAL HEALTH CAREER IS ELIGIBLE TO APPLY.

