



Kern Valley Hospital Foundation

“Volunteers Dedicated to Quality Healthcare” Scholarship Application

I. GENERAL OVERVIEW

The Kern Valley Hospital Foundation may in its discretion award scholarship grants on behalf of individuals (paid directly to qualified educational institutions), which grants may be used exclusively for tuition at educational institutions. Scholarship grants may be used for fees, books, supplies and equipment for courses at such institutions, or in some cases room and board expenses payable to the institution.

Grants may be awarded for one year or for multiple years.

II. Program Guidelines & Priorities:

Priority given to those going into the medical field, public safety and STEM fields.

The selection criteria must also be reasonably related to the purposes of the grants. Criteria may include, but need not be limited to: prior academic performance, recommendations from instructors and community members, documented 10 hours of volunteerism in the community and a personal interview as to the individual’s motivation, character and ability to succeed.

All scholarship applicants shall submit an application, which shall include a biographical record and supporting material, including essays, letters of recommendation, grade transcripts, documented volunteer hours and special awards. Applications that are incomplete may be returned to applicant **(if the deadline allows)**.

Applications must be received by the Kern Valley Hospital Foundation no later than **April 30th** of each year. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Scholarship funds will be paid during the month of August – **directly to the school, not the student**. The scholarship funds will be issued to the college or university upon receiving a certificate of enrollment for the fall semester, which includes the student ID number and Financial Aid Office address.

Mail one copy of a completed and typed application package to: (download www.KVHD.org/foundation)

Kern Valley Hospital Foundation/Scholarship
PO Box 1628
Lake Isabella, CA 93240

OR applications can be dropped off at 12308 Mt Mesa Rd., STE B, Mountain Mesa.



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Please type your answers – *Use an additional piece of paper if necessary*

- 1) Last Name: _____ First Name: _____
- 2) Mailing Address:
Street: _____
City: _____ CA Zip Code: _____
- 3) Daytime phone Number: _____ Email: _____
- 4) Date of Birth:
Month: _____ Day: _____ Year: _____
- 5) Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)
- 6) Name and location of high school/college: _____
- 7) List any academic honors, awards and membership activities while in high school:

List your hobbies, outside interests, extracurricular activities and school related volunteer activities:

List your non-school sponsored volunteer activities in the community:

8) If you have decided on the college you will attend, please list the school:

If not, list your top three (3) college choices:

Anticipated field of study: _____

9) Please list any other scholarships applied for and any awarded:

On a separate paper, please write an essay (250-500 words) addressing the following:

Describe how your community service came about and what being a volunteer has taught you. Are there any causes or organizations that especially interest you? Finally, discuss any challenges you have dealt with and overcome and how this will help you succeed in college and beyond.

Please provide two (2) letter of recommendations from a leader within the volunteer organization you serve or have served.

Documentation of a minimum of 10 volunteer hours.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote Kern Valley Hospital Foundation's Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according to the Kern Valley Hospital Foundation's Scholarship policy, I will try and be present at the senior scholarship awards ceremony or be available to attend the Kern Valley Hospital District monthly board meeting in June to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Kern Valley Hospital Foundation's Scholarship policy, it is my responsibility to submit to the foundation no later than July, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address. Failure to do so scholarship may be revoked.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____

Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Kern Valley Hospital Foundation Scholarship Program.

Name of Guidance Counselor: _____

High School/College: _____

Contact Email/Phone: _____

Signature of Guidance Counselor: _____

Date: _____

