



Healthcare Career Scholarship Application

Due: April 1, 2017

Please Print

Name _____ Degree Pursing **2-yr** **4-yr** _____
Last, First, MI Circle One Healthcare Program Pursuing

High School Name _____ College or University _____

Address _____
Mailing Address City State Zip

Cell Phone _____ Home Phone _____

GPA Cumulative _____ Math & Science Grades "C" or better ___ Yes ___ No

Parent(s) attended college ___ Yes ___ No School Counselor Name _____
Print Name

School Counselor Email _____ School Counselor Phone _____

Applicant Signature I certify that all the information in this application is true, complete and correct to the best of my knowledge and belief.

Valley Health System Healthcare Career Scholarship Application Instructions

Please attach the following:

1. Acceptance letter from a 2-yr or 4-yr nationally accredited college or vocational school, pursuing a degree or certification in a healthcare field (e.g. nursing, EMT, phlebotomy, etc.).
2. Letter to School Counselor explaining why scholarship is requested and what healthcare field you plan to pursue in post-secondary school.
3. Transcript with GPA minimum 2.8 with a "C" grade or better in math and science
4. Include one letter of recommendation from a teacher, coach, scout leader, or organization contact who knows you well. May NOT be a family member.

Selected for Valley Health System Healthcare Scholarship by Counselor Staff _____ Yes _____ No

Date, time and location of scholarship awards program at High School _____

Please email a scanned PDF document of the VHS Healthcare Career Scholarship application for the selected recipient to Lisa Zerull, PhD, RN, Valley Health System at lzerull@valleyhealthlink.com (540) 536-2344. A representative from Valley Health plans to be present at the high school awards program.