

VAL VERDE REGIONAL MEDICAL CENTER AUXILIARY GIFT

AUXILIARY SCHOLARSHIP APPLICATION

801 BEDELL

DEL RIO, TEXAS 78840

The Val Verde Regional Medical Center Auxiliary Gift is offering scholarships to only current High School graduates interested in pursuing a healthcare career.

Applicants must show evidence of the following:

1. Proof of acceptance by an accredited college or university. (Note: The copy of the acceptance letter must have the university's logo and contact information on it.)
2. Certified copy of high school transcript
3. Completed Application
4. Brief essay, limited to 100 words, stating specifically why the student is pursuing a medical career, the name of the medical field the student will be pursuing and the need for financial assistance. Essay must be typed and double-spaced.
5. Two letters of recommendation who are not related to the applicant.

Selection criteria will be based on the following:

1. Pursuing a HealthCare Career (Essay)
2. Financial Need
3. Acceptable letters of recommendation
4. University Acceptance Letter with University Logo and University Contact Information
5. Academic standing
6. Applicants must be residents of Val Verde County

All material submitted will be kept confidential and will be retained by the VVRMC Auxiliary Gift. The decisions made by the Auxiliary will be final.

Applicants can pick up and drop off application at the following:

—High School Counselors' Office or online SFDR-CISD.org

--Auxiliary Gift Shop or the HR Department at the Val Verde Regional Medical Center.

Mail to:

ATTN: Alice Williams, President of Auxiliary

801 Bedell

Del Rio, Texas 78840

**** *CAUTION: To ensure that we receive your application on time, please do not mail if you are close to the deadline date. Bring it to the Auxiliary Gift Shop or HR Department at the hospital.**

DEADLINE FOR SUBMISSION: May 8, 2026, By 4:00 PM

VAL VERDE REGIONAL MEDICAL CENTER AUXILIARY GIFT
APPLICATION FOR SCHOLARSHIP
Only for students enrolling in a Health Care Career

Applicant Name _____
 Full Residence Address _____
 Full Summer Address _____

Home Phone () Cell Number () Alternate Number _____

PLEASE NOTE: IF YOU ARE AWARDED A SCHOLARSHIP, BUT WE CANNOT CONTACT YOU BECAUSE OF INCORRECT ADDRESS/PHONE INFORMATION OR YOU CHANGE YOUR UNIVERSITY, YOU WILL LOSE YOUR AWARD. IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES. Notification Number: 830.734.2979

Date of Birth _____ Place of Birth _____
 US. Citizen: Yes/No If no, please explain _____
 Val Verde County Resident: Yes/No _____

Education:

Name of High School _____ GPA _____ ACT _____ OR SAT _____

Planned Date of Graduation _____ Certified Copy of High School Transcript Yes/No

List Honors Received and dates _____
 (If more space is needed, please use back of this form)

College or University you plan to attend: **(CHECK WILL BE FORWARDED TO THAT SCHOOL.)**

Name _____

Address _____

Phone Number _____

Course you plan to pursue & state [Specific Medical Career] _____ (Please include copy of your Acceptance Letter w/University Logo and University contact information)

Please attach a brief essay (100 words or less) stating specifically the medical career, its name you will be pursuing, and your need of financial assistance.

Have you been accepted to an accredited education institution? Yes/No
 If no, please explain _____

List all known educational financial aid being received from another source. Yes/No (Use back to list if needed.) If Yes, please explain: _____

Are you applying for any other scholarships also? Yes/No (Use back to list if needed)

If yes, please list: _____

Submit 2 letters of recommendation, i.e., instructors, employers, etc. (Not related to applicant)

1. Name: _____ Phone: _____
 Address: _____
2. Name: _____ Phone: _____
 Address: _____

By signing this application, I am stating that to the best of my knowledge, the above information is true.

Signature of Applicant _____ Date _____

AUXILIARY SELECTION USE ONLY

Amount of Scholarship: \$ _____

Approved _____ yes/no _____

Date _____

AUXILIARY GIFT SHOP OF VVRMC

Scholarship Requirements

Please make sure all items are attached and/or included with your application before submission. Not submitting all documents by the submission deadline, could cause you to be disqualified.

- 1. Letter of Acceptance from college/ university (with university logo and contact information)
- 2. Certified High School Transcript
- 3. Student's Essay stating specifically which medical career pursued and financial need.
- 4. Minimum of two (2) Letters of Recommendation (not related to applicant)
- 5. Val Verde County Resident (check, yes or no on the completed application)
- 6. Completed application

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