

VAL VERDE REGIONAL MEDICAL CENTER AUXILIARY GIFT

AUXILIARY SCHOLARSHIP APPLICATION 2024

801 BEDELL

DEL RIO, TEXAS 78840

(830) 778-3590

Val Verde Regional Medical Center Auxiliary Gift is offering scholarships to only High School students 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. Academic standing
3. Acceptable letters of recommendation
4. Applicants must be residents of Val Verde County
5. Financial Need

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

Applicants can pick up an application at the following:

--High School Counselors' Office

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

Mail to:

VVRMC Auxiliary Gift

ATTN: Sharon C. Petitt, 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 at the hospital.

DEADLINE FOR SUBMISSION:-

UPDATED: 2.13.19

May 10, 2024

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 (____) _____

PLEASE NOTE: IF YOU ARE AWARDED A SCHOLARSHIP, BUT WE CANNOT CONTACT YOU BECAUSE OF INCORRECT ADDRESS/PHONE INFORMATION, YOU WILL LOSE YOUR AWARD. IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES. Notification Number: 830.734.7391

Date of Birth _____ Place of Birth _____

U.S. 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 _____ **(Please include your Acceptance Letter)**

Please attach a brief essay (100 words or less) stating specifically the medical career and 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 _____

Will you be receiving educational financial aid from another source? Yes/No _____

If Yes, please explain: _____

Will you be applying for other scholarships also? Yes/No _____

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 _____

VVRMC AUXILIARY GIFT Scholarship Requirements

Please make sure all items are attached and/or included with your application before submission.

- _____ 1. Letter of Acceptance from college/ university
- _____ 2. High School Transcript
- _____ 3. Student's Essay stating pursuing a healthcare career
- _____ 4. Minimum of two (2) Letters of Recommendation
- _____ 5. Val Verde County Resident
- _____ 6. Completed application