

STANFORD HEALTH CARE - VALLEYCARE **2020 SCHOLARSHIP APPLICATION INSTRUCTIONS**

NAME OF SCHOLARSHIPS:

Stanford Health Care - ValleyCare Scholarship
Stanford Health Care - ValleyCare Medical Staff Scholarship
Kris Winslow Memorial Scholarship

AMOUNT OF SCHOLARSHIPS:

Category A

Six (6) at \$4000 – Each scholarship paid at \$1,000 per year for 4 years.

Category B

Three (2) at \$1000 – Each scholarship paid at \$500 per year for 2 years.

Scholarships are awarded each year in May.

BASIS OF AWARD:

Graduating high school seniors residing in Livermore, Pleasanton, Sunol, Dublin or San Ramon may apply if they plan to enter a program in a health-related profession. Residence requirements may be waived for Student Volunteers in the ValleyCare Auxiliary after they have volunteered at least 72 hours.

Scholarships shall be awarded to the most qualified candidates. Criteria used by the interview and selection committees: 1-potential and motivation, 2-financial need, and 3-grades (must have a 3.0 or better GPA).

METHOD OF PAYMENT:

CATEGORY A:

The total amount of each \$4000 scholarship is to be paid as follows:

1. Payment is made directly to the college/university to be credited to the recipient's account.
2. At the beginning of the first year, \$1,000 will be sent to the school's financial aid office.
3. Each subsequent year, the following material must be submitted to and approved by the Scholarship Chair. Once approved, \$1,000 will be paid at the beginning of the second year, \$1,000 at the beginning of the third year, and \$1,000 at the beginning of the fourth year.

- a. A letter from the recipient by August 1st, stating intent to complete courses as planned or any anticipated changes.
 - b. A transcript of completed course work no later than August 1st.
4. A copy of the fund disbursement letter sent to the students' Financial Aid office will be sent to the student each year.

CATEGORY B:

The total amount of each \$1,000 scholarship is to be paid as follows:

1. Payment is made directly to the community college or technical school for a two-year program to be credited to the recipient's account.
2. At the beginning of the first year, \$500 will be sent to the school's financial aid office.
3. If the following material is submitted to and approved by the Auxiliary Scholarship Chair after the first year, \$500 will be paid at the beginning of the second year.
 - a. A letter from the recipient by August 1st, stating intent to complete courses as planned, or any anticipated changes.
4. A transcript of completed course work no later than August 1st.
5. A copy of the fund disbursement letter sent to the students' Financial Aid office will be sent to the student each year.

SELECTION:

Selection will be made as follows: A review of scholarship applications will be conducted by a review committee made up of volunteers. Those selected by the review committee will be invited to a short, ten-minute interview conducted by a Scholarship Interview Committee who will select the semi-finalists. Semi-finalists will be interviewed and selected by the Scholarship Selection Committee. Scholarship recipients will be notified by the Scholarship Chair.

HOW TO APPLY:

Applications for this scholarship must be received by the Scholarship Chair on or before **March 30**. The following documents are required and must be received by the Scholarship Chair by the due date:

1. Completed application.
2. Official transcript of High School records (Applicants must have a 3.0 GPA). Can be mailed separately but must be received by the due date.

3. Two brief letters of recommendation from the following:
 - a. High School Counselor, teacher or Dean of students (one letter).
 - b. Past employer, or other community volunteer leader (one letter).
4. Letter(s) of acceptance from the college/university or technical school the student will attend. (Copies are accepted). More than one letter of acceptance can be submitted if the student has not decided which school he/she will attend. If acceptance letter(s) have not yet been received by the student, student may list universities they are expecting acceptances from. Acceptance letters must be provided to the scholarship chair if the student is selected to interview.
5. A statement from the applicant stating reasons for applying for this scholarship and the goals applicant has for his or her chosen field.

Application will not be accepted/reviewed if all above documents are not received by the due date.

Completed applications must be sent to the Scholarship Chair at the address listed below and **postmarked no later than March 30.**

Applicants with complete application documents, and selected by the review committee, will be contacted by the scholarship chair to schedule a brief, 10-minute, interview to be held between April 13-16, in the evening, at 1111 E. Stanley Blvd., Livermore.

Applicants chosen for submission to the Final Selection Committee will be contacted by the Scholarship Chair and advised of their interview time. **Final interviews will be held on April 23 (same location as previous interview).** Applicants not selected will be notified by mail.

FOR FURTHER INFORMATION PLEASE CONTACT:

Gwen Matsu
Scholarship Chair
5760 Gateway Court
Discovery Bay, CA 94505-9290
925-634-0804
gmatsu@sbcglobal.net

2020 STANFORD HEALTH CARE - VALLEYCARE
SCHOLARSHIP APPLICATION

This application and the required documents outlined above must be mailed to the Scholarship Chair and **postmarked no later than March 30.**
(ALL INFORMATION SUBMITTED WILL BE KEPT STRICTLY CONFIDENTIAL, or returned upon written request.)

Name (last, first, middle)	Date of Birth	(M/F)
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Home address (street, city, state, Zip)

Home phone	Cell phone	E-mail Address
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Father's Name (or Guardian)Address	Occupation
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Mother's name (or Guardian)Address	Occupation
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Number of sibling and their ages

Have you participated in the Volunteer program at ValleyCare?

_____ Yes _____ No If yes, when? _____

Have you participated in the ROP program?

_____ Yes _____ No If yes, when? _____

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SCHOLARSHIP APPLICATION, continued

List in chronological order all schools attended since the completion of 8th grade, regardless of the length of attendance, including the school you now attend. A transcript from each school must be provided. (Attach a separate sheet if needed).

NAME OF SCHOOL	LOCATION	DATES ATTENDED (Mo/yr)
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Name of College/University you are planning to attend

What Medical field do you plan to enter?

What financial preparation have you made towards your college education?

Are you currently working? _____ If so, monthly salary? _____

Where have you worked in the last two years, including your present employer? Names and dates:

How much will your parents contribute toward your education?

Where do you plan to live while attending school?

_____ Residence Hall _____ Home _____ Other (specify)

2020 STANFORD HEALTH CARE - VALLEYCARE
SCHOLARSHIP APPLICATION, continued

List the colleges/universities and other organizations to which you applied for scholarships.

List all awards/honors you have received and dates (attach a separate sheet if needed).

List extracurricular activities in which you have participated and organizations to which you belong (church groups, athletics, fraternities, school & community activities).

Any other comments you would like to include?

I hereby declare that the information I have provided on this application is correct to the best of my knowledge.

Signed: _____
Student

Signed: _____
Parent(s) or Guardian