

# **STANFORD HEALTH CARE - VALLEYCARE AUXILIARY**

## **2019 SCHOLARSHIP APPLICATION INSTRUCTIONS**

### **NAME OF SCHOLARSHIP:**

Stanford Health Care - ValleyCare Auxiliary 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 Auxiliary 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 1<sup>st</sup>, stating intent to complete courses as planned or any anticipated changes.
  - b. A transcript of completed course work no later than August 1<sup>st</sup>.
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 1<sup>st</sup>, stating intent to complete courses as planned, or any anticipated changes.
4. A transcript of completed course work no later than August 1<sup>st</sup>.
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 Scholarship Interview Committee will interview the applicants and 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 23**. 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 (if available), teacher or Dean of students (one letter).

- b. Past employer, or other community volunteer leader (one letter).
4. Letter 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.
5. Brief 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 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 23.**

**Applicants with completed application documents will be contacted by the scholarship chair to schedule a brief, 10-minute, screening interview to be held between April 16-19, 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 and place. **Final interviews will be held on April 25 (same location as previous interview).** Applicants not chosen 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](mailto:gmatsu@sbcglobal.net)

**2019 STANFORD HEALTHCARE - VALLEYCARE**  
**AUXILIARY SCHOLARSHIP APPLICATION**

This application and the required documents outlined above must be mailed to the Scholarship Chair and **postmarked no later than March 23.**  
(ALL INFORMATION SUBMITTED WILL BE KEPT STRICTLY CONFIDENTIAL, or returned upon written request.)

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

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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? \_\_\_\_\_

**2019 STANFORD HEALTHCARE - VALLEYCARE**  
**AUXILIARY SCHOLARSHIP APPLICATION, continued**

List in chronological order all schools attended since the completion of 8<sup>th</sup> 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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<hr/>	<hr/>	<hr/>

Name of College/University you are planning to attend

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What Medical field do you plan to enter?

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What financial preparation have you made towards your college education?

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Are you currently working? \_\_\_\_\_ If so, monthly salary? \_\_\_\_\_

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

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How much will your parents contribute toward your education?

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Where do you plan to live while attending school?

\_\_\_\_\_ Residence Hall    \_\_\_\_\_ Home    \_\_\_\_\_ Other (specify)

**2019 STANFORD HEALTHCARE - VALLEYCARE**  
**AUXILIARY SCHOLARSHIP APPLICATION, continued**

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

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

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

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Any other comments you would like to include?

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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