



DELTA COUNTY  
*Memorial*  
 HOSPITAL

**DELTA COUNTY MEMORIAL HOSPITAL VOLUNTEER SCHOLARSHIP  
 HIGH SCHOOL SCHOLARSHIP APPLICATION FOR  
 HEALTH CARE EDUCATION**

Please type or print the following information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 (City) (County) (State) (Zip)

PHONE: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

EMAIL \_\_\_\_\_

High School Attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Post Secondary Institution to which you have been accepted: \_\_\_\_\_

Major: \_\_\_\_\_ Career Goal: \_\_\_\_\_

WORK HISTORY (List the two most recent)

EMPLOYER (if applicable): \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

EMPLOYER (if applicable): \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

PLEASE LIST OTHER SCHOLARSHIPS YOU HAVE RECEIVED AND THE AMOUNTS OF EACH:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DO EITHER OF YOUR PARENTS WORK FOR THE STATE OF COLORADO? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE LIST ANY VOLUNTEER ACTIVITIES IN WHICH YOU PARTICIPATE; YOUR CONTRIBUTIONS MADE TO THE COMMUNITY:

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FINANCIAL INFORMATION

Student Expenses

Tuition	\$
Books & Supplies	\$
Fees	\$
Room & Board	\$
Supplies	\$
Misc. Expenses	\$
Total Expenses	\$

PLEASE ATTACH:

1. CURRENT TRANSCRIPT
2. RESUME
3. PROOF OF HAVING BEEN ACCEPTED TO AN ACCREDITED HEALTH RELATED PROGRAM. (ACCEPTANCE LETTER)
4. ESSAY: IN A MAXIMUM OF TWO PAGES, PLEASE ADDRESS:  
1.) WHAT EXPERIENCE, INVOLVEMENT OR ACCOMPLISHMENT HAS LED YOU TO A CAREER CHOICE IN THE HEALTH CARE FIELD AND WHY  
2.) WHERE DO YOU SEE YOURSELF 10 YEARS FROM NOW?

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Important: Be sure all attachments are included. Applications **must be received April 13, 2018** to be considered. NO LATE APPLICATIONS WILL BE CONSIDERED.

PLEASE RETURN APPLICATIONS TO:  
Delta County Memorial Hospital Volunteer Scholarship Application  
Attn: Education Department  
Delta County Memorial Hospital  
1501 E. 3<sup>rd</sup> Street,  
DELTA, CO 81416



**DELTA COUNTY MEMORIAL HOSPITAL VOLUNTEER**

**HIGH SCHOOL SCHOLARSHIP CRITERIA/CONDITIONS**

- 1) The applicant must be a graduating high school senior from a Delta County High School and a U.S. Citizen.
- 2) The applicant must be planning to further his/her education in a health care related profession.
- 3) The applicant must show proof of having been accepted in an accredited health related program.
- 4) The applicant must show proof of academic capability.
- 5) The funds will be paid directly to the school or institution in which applicant is enrolled.

All Scholarship Applications should be mailed or delivered to:

Delta County Memorial Hospital Volunteer Scholarship  
Attn: Education Department  
1501 EAST 3<sup>RD</sup> STREET  
DELTA, CO 81416