



**DELTA COUNTY MEMORIAL HOSPITAL JUNIOR
VOLUNTEER SCHOLARSHIP**
(Administered by the Delta County Memorial Hospital Foundation)
**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:

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.

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



DELTA COUNTY MEMORIAL HOSPITAL JUNIOR VOLUNTEER

HIGH SCHOOL SCHOLARSHIP CRITERIA/CONDITIONS

- 1) The applicant must have been an active Junior Volunteer with the Delta County Memorial Hospital Volunteer organization, who is a graduating high school senior from a Delta County High School or Olathe 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 Junior Volunteer Scholarship
Attn: Education Department
1501 EAST 3RD STREET
DELTA, CO 81416