Healthcare Volunteers

Scholarship Application – Academic Year 2014-2015

Deadline to Apply: Application must be postmarked by Feb. 21, 2014

The St. David’s Medical Center Healthcare Volunteers award scholarships to students pursuing healthcare related fields within Texas colleges and universities.

Eligibility Information:

Attached is the application for St. David’s Medical Center Healthcare Volunteers Scholarships for the 2014-2015 academic school year. Students must have (1) been accepted or (2) be currently enrolled in a healthcare program. Unfortunately, if you are still waiting on acceptance by the required post marked date then you are not eligible for this cycle. The awarded scholarships will be $2,500 per semester or $1,000 per semester for associate students. Eligibility requirements are as follows:

1. Accepted at a Texas college or university and actively pursuing a degree in a healthcare field.
2. Attend school as a full-time student or full time equivalent.
3. Provide proof of US Citizenship or legal non-citizen resident.
4. Pass a background investigation.
5. Able to participate in an interview with the Scholarship Committee on a designated date in April. Interviews will be conducted via SKYPE.

Application Requirements:

All requirements listed below must be completed and submitted together. If the application is incomplete or not received in the format requested, the application will be denied. No exceptions. Applications must be postmarked no later than February 21, 2014.

Application packets must contain the following:

1. Complete application form.
2. One-page essay as described is Section III of the application.
3. Official transcript from current school.
4. First year students will also need to include your acceptance letter for the 2014-2015 school year.
5. A copy of your complete FAFSA - Electronic Student Aid Report (SAR) for the 2014-2015 school year. This document will typically be around 5 pages in length.
6. Copy of proof of US Citizenship (birth certificate, US passport, or US Citizenship papers) or legal non-citizen resident status.
7. A current resume including all medically related work and volunteer experience for the previous three (3) years. Be specific and descriptive of the duration of your experiences, hours worked per week and total hours completed (for volunteer experience).

8. Two completed on-line recommendation forms. You will need to provide the name, phone number and e-mail address for each reference. This can be added on the Scholarship Application Packet Cover Page/Checklist, items 1 and 2 respectively.

Recommendations should be submitted on-line via Survey Monkey. You must provide this link (https://www.surveymonkey.com/s/sdmchy1415cycle) to your references and advise them that their recommendations must be submitted no later than 5 PM on February 21, 2014.

a. One recommendation form must come from a current teacher, counselor or advisor.

b. One recommendation form must come from a community member such as an employer, coach, volunteer coordinator, church leader, etc. Recommendations may not be from family members including extended family.

Scholarship Timeline for 2014-2015

February 21, 2014 Application must be postmarked and recommendations received. Applications will not be considered without ALL documents. Applications postmarked after 02/21/14 will not be considered.

April 1, 2014 Finalist will receive notification of interview. Interviews will be held during April via SKYPE.

June 1, 2014 Scholarship recipients will be notified.

Award Information

Applicants who are awarded a scholarship will be notified by June 1, 2014. Scholarship recipients will have additional reporting requirements which will be outlined in the notification letter. Scholarship funds will be sent directly to your college or university.

Questions & Application Delivery

Please mail application packets to: For questions, please contact:

St. David’s Medical Center Carolyn Bartlett, Scholarship Chair – OR –
Healthcare Volunteers – Scholarship Ashleigh Jacobes, Volunteer Manager
919 East 32nd St. sdmc.volunteers@stdavids.com
Austin, TX  78705

Emailed or faxed applications will not be accepted.
# Scholarship Application Packet Cover Page / Checklist

Please utilize this checklist to assist you while compiling your application.

**Applicant Name:**

**E-mail:**

**School:**

**Major:**

**Anticipated graduation date:**

<table>
<thead>
<tr>
<th>Applicant Checklist</th>
<th>Application Packet Requirements</th>
<th>Committee USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete application form with all supporting documentation.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Section I – Personal Information</td>
<td></td>
<td></td>
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<tr>
<td>b. Section II – Financial Information</td>
<td></td>
<td></td>
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<tr>
<td>c. Section III – Essay</td>
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| 1. One completed on-line recommendation form from faculty member.  
  **Name:**  
  **Phone #**  
  **e-mail:** | | |
| 2. One completed on-line recommendation form from a community member.  
  **Name:**  
  **Phone #**  
  **e-mail:** | | |
| 3. Official school transcript. | | |
| 5. Copy of proof of US Citizenship or legal non-citizen status. | | |
| 6. Current resume including all medically relevant work and volunteer experience. | | |

*Committee Use Only:*

**Date Received:** ____________

**Reviewer’s Initials:** ____________
StDavid’s | Medical Center

Healthcare Volunteers

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SECTION I – Personal Information

Name

Mailing Address

City

State

Zip

Phone Number

DOB

Proof of US Citizenship – Provide a copy of one of the following:


SECTION II – Financial Information

This section should be as detailed as possible and include all points indicated. Use a separate sheet of paper.

Please answer the following questions and explain all means of financing your education.

1. How did you fund the 2013-2014 school year? If you did not attend school during the 2013 - 2014 academic year, please explain how you funded your last year of education.

2. How do you plan to fund the 2014-2015 school year?

Each of the following should be addressed and explained in your answers:

• Personal/Employment – Include personal savings and employment income. If employed, please indicate anticipated income and number of hours worked per week.
• Grants – Indicate amounts and type of grant.
• Loans – Indicate amounts and whether they are Subsidized or Unsubsidized.
• Scholarships – List name of scholarship and amounts awarded.
• Parental and/or spousal support
• Other
SECTION III – Essay (not to exceed one typed page)
Using a separate sheet of paper write an original essay which includes:

- why you chose to pursue a healthcare profession,
- what you hope to achieve after graduation and
- how you will use this scholarship to help you achieve those goals

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February 21, 2014