



## SIERRA VIEW DISTRICT HOSPITAL VOLUNTEER LEAGUE SCHOLARSHIP

The application deadline for the Hospital League Scholarship request is:  
June 30th

No late applications will be accepted.

Application forms are available at the Education Department and are to be returned to the Education Department once completed. These requests will be acted upon at the League Board Meeting in July.

The League has criteria that must be met before applying for scholarship funds. They are:

1. SVMC Employee for at least 1 year or Volunteer for at least 6 months.
2. Pursuing any Medical Professions.
3. Enrollment in an accredited degree/certificate program or class. Must attach transcripts showing 3.0 GPA or greater for the last year.
4. Reasonable expectance of continued SVMC employment.
5. Recommendation from immediate supervisor with a sign off from the current department Director.
6. A letter from the applicant requesting the scholarship including:
  - Current family situation
  - How scholarship will help
  - Long term goals
  - Short term goals
  - Plan to achieve goals

PLEASE NOTE: Scholarships can be renewable. No more than two scholarships given to any one student.

Bobbi Ernst  
Scholarship Chairperson



## SIERRA VIEW DISTRICT HOSPITAL VOLUNTEER LEAGUE, SCHOLARSHIP APPLICATION

Return completed application to the Education Department.  
Application deadline is June 30<sup>th</sup>.

Name: \_\_\_\_\_  
(Please print Last Name, First Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SVMC Employee: Y/N Dept: \_\_\_\_\_ Current Position: \_\_\_\_\_

SVMC Volunteer: Y/N

Length of Employment/ Volunteer Status: \_\_\_\_\_

School of Acceptance: \_\_\_\_\_

\_\_\_\_\_ Program Status: Scheduled to Begin/ In Progress  
(Please list Program)

Expected Date of Completion: \_\_\_\_\_

Please highlight your social situation and how the scholarship will help:

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Future short/long term goals and plans to achieve goals:

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Reminder- Please be sure to attach letter requesting scholarship:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*\*After submission of completed application, the SVDH Volunteer Board of Directors will review and award a limited number of scholarships.*