Information for Applicants for Saint Louise Regional Volunteer Scholarship

Please provide the following with your completed application:

1. Evidence of your acceptance by an accredited School of Nursing (or other health-related field)
2. Three (3) letters of reference (do not include relatives)
3. Recent photograph
4. High School transcript

The deadline for sending applications to Saint Louise Regional Hospital Volunteers Scholarship Committee is April 2, 2012.

Return the completed application along with the above (4) required items to:

Saint Louise Regional Hospital Volunteers
Scholarship Committee
9400 No Name Uno
Gilroy, CA 95020

- Applicants will be notified by phone for interview date and time.
- Failure to include all required documentations will result in rejection of application.

NOTE: Scholarships are sent directly to the institution of higher education.
Saint Louise Regional Hospital
Scholarship Information

**Title of Scholarship**
Saint Louise Regional Hospital Volunteer Scholarship

**Amount**
$500

**Qualifications**
1. Male or female
2. Good Health
3. High School diploma or equivalency transcript
4. Good moral character
5. Successful completion of college pre-admission test or last report card
6. Scholarships open to all persons in the community regardless of race, color or national origin.

**Basis of Scholarship Award**
1. Genuine interest in nursing career or other health-related field.
2. Financial need
3. Personal interview
4. Recipient signs a contract with the Saint Louise Regional Hospital Volunteers

**The Scholarship committee will consist of five members representing:**
1. Board of Directors of Saint Louise Regional Hospital Volunteers
2. Nursing Administration
3. Scholarship Committee Chairman
SCHOLARSHIP APPLICATION

ABOUT YOU

Name: ____________________________
(Please Print) Last Name First Name Nickname

Age: _______ Date of Birth: _____ / _____ / _____ Graduation Year: ________________

Contact Information: ______________________________________________________________

Home Telephone Number Cell Telephone Number

Home Address: _________________________________________________________________

Street City Zip

Name of High School You Currently Attend: ________________________________________

School Activities (You may list on a separate sheet, if necessary): __________________

____________________________________________________________________________

If Employed: _________________________________________________________________

Business Job Title Telephone

Do you plan to continue working? _______________________________________________

What work or volunteering have you done in the health care field? _________________

____________________________________________________________________________

How much of your education/training will you be able to finance? All _____ Part _____ None_____ 

Other scholarships for which you have applied: ___________________________________

____________________________________________________________________________

(Turn Over)
ABOUT YOUR FAMILY

Name of Parents/Guardians 1: __________________________ Relation: __________________________

Profession: __________________________ Contact Number(s): __________________________

Home Address: ________________________________________________________________
Street City Zip

Name of Parents/Guardians 2: __________________________ Relation: __________________________

Profession: __________________________ Contact Number(s): __________________________

Home Address: ________________________________________________________________
Street City Zip

Other members of your immediate family. Give their relationship to you and their ages: _____________

___________________________________________________________________________

PERSONAL STATEMENT
I hereby certify that I have read and understood all of the statements and questions on this application and that my responses are true and complete to the best of my knowledge. I understand that any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection. Saint Louise Regional Hospital Volunteer Scholarship Committee reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. PLEASE NOTE: Unclaimed scholarship funds will expire on December 31st of the year the award is received.

Applicant’s Signature: __________________________ Date: __________________________

Please return to: Volunteer Services Scholarship Committee
Saint Louise Regional Hospital
9400 No Name Uno
Gilroy, CA 95020
(408) 848-4919

Date revised: January 2012
1. Recipient agrees to be bound by the rules and regulations of the Saint Louise Regional Hospital Volunteer Scholarship Program and that scholarship shall be awarded only according to the rules and regulations of the program.

2. Recipient agrees to abide by all the rules and regulations of the Saint Louise Regional Hospital Volunteer Scholarship Program now in effect or as announced hereafter.

3. Scholarship winners shall submit to Saint Louise Regional Hospital Volunteer Scholarship Program a statement of the type of education they wish to pursue and receive approval of said college, university, or institution of higher education chosen. This statement must be submitted in writing within sixty (60) days from the date the scholarship is awarded.

4. Scholarship winners shall submit to Saint Louise Regional Hospital Volunteer Scholarship Program a statement of the type of education or training they wish to pursue and if their qualifications fit them for such education or training. The statement of qualifications shall be diplomas, certificates or letter from teachers or school authorities.

5. Recipient understands to qualify for said educational scholarship award he/she must be a full-time registered student enrolled in an accredited institution of higher education.

6. In the event a scholarship winner is not enrolled in an accredited institution the scholarship will not be issued and will remain in trust for future awards.

7. Scholarship winner shall submit a quarterly report to the Scholarship Committee of the Volunteers. If it is determined that the scholarship award is not being used in accordance with the rules and regulations of the Committee, the Board of Directors of the Volunteers may, at their will, forfeit the balance of the scholarship award.

8. Scholarship awards are to be used in relationship to academic study for higher education and will not be disbursed in cash.

9. Education under the scholarship must be continuous and completed within two (2) years from the date the scholarship is activated. Otherwise the balance of the scholarship will be automatically cancelled without further notice.

10. Any cancelled or unused portion of scholarships will revert to the Saint Louise Regional Hospital Volunteers on December 31st of the year the award was received.

(Turn Over)
11. Scholarship monies are paid upon receipt of statements from accredited institutions of higher education under the following provisions:

   A) Tuition fees are paid in relation to academic study for higher education. Tuition fees will not be paid for non-credit or non-accredited subjects.

   B) Scholarship awards may be used for required accredited college class textbook expenses and supplies, upon receipt of statements from colleges, universities, bookstores or institutions of higher education.

12. Scholarship monies may not be applied to any prior educational indebtedness such as student loans, tuition fees, etc.

13. Saint Louise Regional Hospital Volunteer Scholarship Program will not be responsible for any expenditure, for any purpose, beyond the stipulated amount of the scholarship.

14. In the event that a recipient does not wish to avail themselves of the educational advantages of any scholarships which they may win, it is understood that there will be no demands in fulfilling said scholarships.