STANFORD HEALTH CARE - VALLEYCARE AUXILIARY
2018 SCHOLARSHIP APPLICATION INSTRUCTIONS

NAME OF SCHOLARSHIP:

Stanford Health Care - ValleyCare Auxiliary Scholarship
Stanford Health Care - ValleyCare Medical Staff Scholarship

OFFERED BY:

Stanford Health Care ValleyCare Auxiliary (Four - 4 year and Two – 2 year scholarships)
Stanford Health Care ValleyCare Medical Staff (One - 4 year scholarship and one 2 year scholarship)

AMOUNT OF SCHOLARSHIPS:

Category A
Five (5) at $4000 – Each scholarship paid at $1,000 per year for 4 years.
Category B
Three (2) at $1000 – Each scholarship paid at $500 per year for 2 years.

Scholarships are awarded each year in May.

BASIS OF AWARD:

Graduating high school seniors residing in Livermore, Pleasanton, Sunol, Dublin or San Ramon may apply if they plan to enter a program in a health-related profession. Residence requirements may be waived for Student Volunteers in the ValleyCare Auxiliary after they have volunteered at least 72 hours.

Scholarships shall be awarded to the most qualified candidates.

METHOD OF PAYMENT:

CATEGORY A:
The total amount of each $4000 scholarship is to be paid as follows:
1. Payment is made directly to the college/university to be credited to the recipient’s account.
2. At the beginning of the first year, $1,000 will be sent to the school’s financial aid office.

3. Each subsequent year, the following material must be submitted to and approved by the Auxiliary Scholarship Chair. Once approved, $1,000 will be paid at the beginning of the second year, $1,000 at the beginning of the third year, and $1,000 at the beginning of the fourth year.
   a. A letter from the recipient by August 1st, stating intent to complete courses as planned or any anticipated changes.
   b. A transcript of completed course work no later than August 1st.

4. A copy of the fund disbursement letter sent to the students’ Financial Aid office will be sent to the student each year.

CATEGORY B:
The total amount of each $1,000 scholarship is to be paid as follows:

   1. Payment is made directly to the community college or technical school for a two-year program to be credited to the recipient’s account.
   2. At the beginning of the first year, $500 will be sent to the school’s financial aid office.
   3. If the following material is submitted to and approved by the Auxiliary Scholarship Chair after the first year, $500 will be paid at the beginning of the second year.
      a. A letter from the recipient by August 1st, stating intent to complete courses as planned, or any anticipated changes.
   4. A transcript of completed course work no later than August 1st.
   5. A copy of the fund disbursement letter sent to the students’ Financial Aid office will be sent to the student each year.

METHOD OF SELECTION:

Selection will be made by the Auxiliary Scholarship Committee. The preliminary Scholarship Selection Committee will interview the applicants and select the semi-finalists. Semi-finalists will be interviewed by the Scholarship Selection Committee and the recipients chosen and notified.
HOW TO APPLY:
Applications for this scholarship must be received by the Scholarship Chair on or before **March 24.** The following material must be included:

1. Completed application.
2. Official transcript of High School records (Applicants must have a 3.0 GPA).
3. Two brief letters of recommendation from the following:
   a. High School Counselor (if available), teacher or Dean of students (one letter).
   b. Past employer, or other community volunteer leader (one letter).
4. Letter of acceptance from the college/university or technical school the student will attend. (Copies are accepted). More than one letter of acceptance can be submitted if the student has not decided which school he/she will attend.
5. Brief letter from the applicant stating reasons for applying for this scholarship and the goals applicant has for his or her chosen field.

Each student shall submit a completed application which must be **postmarked no later than March 24.** The application shall be sent to the Scholarship Chair at the address listed below. **Brief, 10-minute, screening interviews will be scheduled for April 17,18 and 19, in the evening, at 1111 E. Stanley Blvd., Livermore.** Applicants will be contacted by the Scholarship Chair to set the date and time for their interview.

Applicants chosen for submission to the Final Selection Committee will be contacted by the Scholarship Chair and advised of their interview time and place. **Final interviews will be held on April 24 (same location as previous interview).** Applicants not chosen will be notified by mail.

**FOR FURTHER INFORMATION PLEASE CONTACT:**

Gwen Matsu  
Scholarship Chair  
5760 Gateway Court  
Discovery Bay, CA  94505-9290  
925-634-0804  
gmatsu@sbcglobal.net
2018 STANFORD HEALTHCARE - VALLEYCARE AUXILIARY SCHOLARSHIP APPLICATION

SCHOLARSHIP APPLICATION INSTRUCTIONS:
This application and the necessary documents must be mailed to the Scholarship Chair and postmarked no later than March 24. (ALL INFORMATION SUBMITTED WILL BE KEPT STRICTLY CONFIDENTIAL, or returned upon written request.)

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<tr>
<th>Name (last, first, middle)</th>
<th>Date of Birth</th>
<th>(M/F)</th>
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<th>Home address (street, city, state, Zip)</th>
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<tr>
<th>Home phone</th>
<th>Cell phone</th>
<th>E-mail Address</th>
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<th>Name of College/University planning to attend</th>
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<th>Father’s Name (or Guardian)Address</th>
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<th>Mother’s name (or Guardian)Address</th>
<th>Occupation</th>
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<th>Number of sibling and their ages</th>
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Have you participated in the Junior Volunteer program at Valleycare?

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Have you participated in the ROP program?

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1
List in chronological order all schools attended since the completion of 8th grade, regardless of the length of attendance, including the school you now attend. A transcript from each school must be provided. (Attach a separate sheet if needed).

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<th>NAME OF SCHOOL</th>
<th>LOCATION</th>
<th>DATES ATTENDED (Mo/yr)</th>
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Graduation Date: __________________________ College Choice __________________________ Date Accepted __________________________

What Medical field do you plan to enter?

What financial preparation have you made towards your college education?

Are you currently working? ______ If so, monthly salary? __________

Where have you worked in the last two years, including your present employer? Names and dates:

How much will your parents contribute toward your education?

Where do you plan to live while attending school?

_____ Residence Hall  _____ Home  __________________________ Other (specify)
List the colleges/universities and other organizations to which you applied for scholarships.

_______________________________________________________________

_______________________________________________________________

List all awards/honors you have received and dates (attach a separate sheet if needed).

_______________________________________________________________

_______________________________________________________________

List extracurricular activities in which you have participated and organizations to which you belong (church groups, athletics, fraternities, school & community activities).

_______________________________________________________________

_______________________________________________________________

Any other comments you would like to include?

_______________________________________________________________

_______________________________________________________________

I hereby declare that the information I have provided on this application is correct to the best of my knowledge.

Signed: ____________________________
           Student

Signed: ____________________________
           Parent(s) or Guardian