

# **StDavid's | MEDICAL CENTER**

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## **HEALTHCARE VOLUNTEERS**

### **Scholarship Application – School Year 2011-2012**

**Deadline to Apply: March 1, 2011**

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

#### **Our Mission:**

“To provide exceptional services and support to our patients, our hospital, and our community.”

#### **Eligibility Information:**

Attached is the application for St. David's Medical Center Healthcare Volunteers Scholarships for the 2011-2012 school year. Scholarships are awarded to students pursuing degrees in fields related directly or indirectly to the delivery of medical services and who are either upper division students (both undergraduate and graduate, with a minimum of 60 hours of college credit) or associate degree students. 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 to pursue a degree in a healthcare related field.
2. Attend as a full-time student (12 hours associate/undergraduate; 9 hours graduate).
3. Provide proof of US Citizenship or legal non-citizen resident.
4. Pass a background investigation.
5. Able to attend an in-person interview on a designated Saturday in April.

#### **Application Requirements:**

All requirements listed below must be complete before submitting the application. If the application is incomplete, received past the deadline or if the information is not received in the format requested, the application will be denied. No exceptions. **The deadline is March 1, 2011.**

#### **Applications must contain the following:**

1. Fully completed application form.
2. A one-page essay as described in Section V of the application.
3. Two original letters of recommendation
  - a. One recommendation must come from a current teacher, counselor or advisor on official school letterhead.
  - b. One recommendation from a community member such as an employer, coach, volunteer coordinator, church member, etc. Recommendation may not be from family members including extended family.

4. Official college transcript(s) and current enrollment verification.
5. A copy of the first page of the most recent Federal Income Tax Return for any person(s) (including yourself) contributing to your education.
6. Copy of proof of United States Citizenship (birth certificate, U.S passport, or U.S. citizenship papers) or legal non-citizen resident status.
7. A recent photograph.
8. A current resume.

## **Scholarship Timeline for 2011-2012**

- March 1, 2011**      **Applications Due.** Applications will not be considered unless **ALL** documents are in the Volunteer Office no later than March 1, 2011 at 4:00pm. No applications will be accepted past this time, regardless of post mark date.
- Early April**      Interviews will be held on Saturday April 2, and Saturday April 9. Finalists will receive advance notice of the interview schedule.
- June 1, 2011**      Scholarship recipients will be notified.

## **Award Information**

Applicants who are awarded a scholarship will be notified by June 1, 2011. Scholarship funds will be sent directly to the Financial Aid Office of your university or college. It is the recipient's responsibility to request that the school send verification of enrollment as a full-time student for the fall semester to the Volunteer Office before funds are sent. **If verification of enrollment is not sent to the Volunteer Office before classes begin, no payment will be sent to the school.**

## **Application Delivery**

Please mail application to:

St. David's Medical Center  
Healthcare Volunteers - Scholarship  
919 East 32<sup>nd</sup> St.  
Austin, TX 78705

**Emailed or faxed applications will not be accepted.**

## **Questions**

For questions, please contact:

Carolyn Bartlett, Scholarship Chairman  
or  
Ashleigh Jacobes, Volunteer Coordinator  
sdmc.volunteers@stdavids.com

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### ***SECTION I – Personal Information***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email Address

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Proof of U.S. Citizenship – Provide copy of one of the following

- Birth Certificate     Passport     U.S. Citizenship Papers     Legal Residency

### ***SECTION II – Education Information***

What is your major? \_\_\_\_\_

Which school will you be attending for the 2011/2012 school year?

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

List all high schools and colleges attended beginning with the current or most recent.

<i>School</i>	<i>City</i>	<i>Dates Attended</i>	<i>Degree/Diploma</i>	<i>GPA</i>

**Please complete the following sections using a separate sheet of paper as needed.**

***SECTION III—Financial Information***

*This section must be filled out completely or your application will be rejected.*

Have you applied for or been granted other sources of income for financing your schooling? Explain.

Please check and explain all means of financing your education.

- Personal \_\_\_\_\_
- Grants \_\_\_\_\_
- Loans \_\_\_\_\_
- Scholarships \_\_\_\_\_
- Parental \_\_\_\_\_
- Spouse \_\_\_\_\_
- Other \_\_\_\_\_

***SECTION IV--Work and Volunteer Experience***

List your work and volunteer experience for the last three years. Please include volunteer hours.

Will you be employed while attending school? Yes No

Anticipated Hours per wk. \_\_\_\_\_

***SECTION V – Essay***

*Write an original essay in your own words not to exceed one type written page.*

Explain how your current field of study relates to a future career in healthcare and how this scholarship will help you achieve your goal.

**SECTION VI – Letters of Recommendation**

Two letters of recommendation are required. Please ask those who provide references to limit his/her letter to one page. **All reference letters must be received sealed with the signature of the person providing the reference signed across the sealed flap of the envelope.** Letters may be submitted with the application packet or mailed separately. Reference letters mailed separately must be received by the application deadline or the application will be considered incomplete.

Please provide contact information for the two people who are writing your letter of recommendation.

1. \_\_\_\_\_

Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

(\_\_\_\_\_) \_\_\_\_\_

Phone

\_\_\_\_\_  
Occupation/Title

2. \_\_\_\_\_

Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

(\_\_\_\_\_) \_\_\_\_\_

Phone

\_\_\_\_\_  
Occupation/Title

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