



**AUXILIARY SCHOLARSHIP PROGRAM
SCHOOL YEAR 2018-2019**

**First-time applicants complete this form.
Previous recipients use renewal form.**

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Name of High School: _____

High School Address: _____

City: _____ State: _____ Zip: _____

High School Graduation Date: _____ High School GPA: _____

ACT Score: _____ SAT Score _____

What are your career goals? _____

What college will you be attending? _____

Address: _____

City: _____ State: _____ Zip: _____

Estimated date of college graduation: _____ College GPA, if applicable _____

CONNECTION TO WEST VALLEY MEDICAL CENTER (WVMC):

Volunteer:

When were you a WVMC Volunteer? _____

If so, how many hours have you volunteered with WVMC? _____

What did you learn while volunteering with WVMC? _____

If you have not served as a volunteer, explain your connection to WVMC?

Employee:

How long have you been an employee of WVMC: _____

What department are you currently working? _____

Are you receiving Tuition Reimbursement from WVMC or HCA? _____

List up to 6 clubs, activities, or jobs you have participated in. What did you accomplish in each and/or how did they prepare you for the future?

1. Club/Activity/Job: _____ (months/years): _____

2. Club/Activity/Job: _____ (months/years): _____

3. Club/Activity/Job: _____ (months/years): _____

4. Club/Activity/Job: _____ (months/years): _____

5. Club/Activity/Job: _____ (months/years): _____

6. Club/Activity/Job: _____ (months/years): _____

List leadership positions, honors, awards, hobbies, special interests, or other information you think the scholarship committee should know beyond what you listed above: (use additional paper if needed)

I declare all information given in this application is true & correct.

_____	_____
Student Signature	Date
_____	_____
Parent Signature (if under the age of 18)	Date

This application, and all supporting materials, must be submitted by February 15. No late, or incomplete, applications will be considered.

Per application instructions, submit:

- (1) An official high school transcript, and an official college transcript if applicable
- (2) One page letter, written by applicant, explaining your educational & career goals.
- (3) Three letters of recommendation which must be sent directly to:

Auxiliary Scholarship Committee
West Valley Medical Center
1717 Arlington Street
Caldwell, Idaho 83605