



**WEST VALLEY MEDICAL CENTER AUXILIARY, Inc.
Scholarship Renewal Form**

Name: _____ Phone: _____

Address: _____

Email Address: _____

College you will be attending: _____

College Address: _____

If selected, check will be sent to this address

City: _____ State: _____ Zip Code: _____

1. Cumulative College GPA: _____ Estimated date of college graduation: _____
Please include a current, official college transcript.

2. Is your course of study the same as stated on your original application? _____
If not, please attach a letter giving the details of any change in plans.

3. Have you volunteered with WVMC during the past year? _____ Hours? _____

4. Have you been employed by WVMC in the past year? _____ Hours? _____

5. Write a one-page letter, explaining any employment, job-shadowing experiences, volunteer experiences, clubs, or activities which you have participated in during the past year, and how they have reinforce your stated career goals.

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

Signature of Applicant

Date

Renewal application, and all supporting materials, must be submitted by Feb 15th. No late, or incomplete, applications will be considered.

Application submissions should be accompanied by:

- (1) An official, and current college transcript.
- (2) One-page letter explaining ways in which your extra-curricular activities of the past year have reinforced your stated career goals.
- (3) Letter reinforcing your career goals and plan of action.