



# Venice Regional Bayfront Health

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## HOSPITAL VOLUNTEERS OF VENICE

### SCHOLARSHIP APPLICATION FORM

Hospital Volunteers of Venice is a non-profit organization whose mission is to promote the health and welfare of individuals within the Greater Venice, Florida, community. One way that HVV accomplishes this goal is to provide scholarships to deserving students who will ultimately improve and enhance healthcare services within the community.

### SCHOLARSHIP PROGRAM

**Scholarships will be offered to residents of the Greater Venice area who are enrolled in or will enroll in a health care related education program. The Greater Venice area is defined as the area between Osprey and Boca Grande. All applicants must permanently reside within this designated area.**

**Scholarships will only be awarded to applicants who are attending educational facilities located within the State of Florida. In addition, students must hold or maintain a cumulative GPA of 3.0 or greater to receive or renew a scholarship. Students must also provide information on other scholarships received, as well as tuition reimbursement received. Scholarships will be granted up to a maximum of \$1,000 for each approved semester.**

Applications for scholarships may be submitted semi-annually. A student may submit a scholarship application for a maximum of two semesters per year. **Submission for Spring 2016 semester is due by December 18th, and submission for Fall 2016 semester is due by May 16<sup>th</sup>.**

### RENEWAL OF SCHOLARSHIPS

Certain scholarships are renewable. Scholarship renewals are made when a renewal form is submitted to the HVV and satisfactory transcript of the previous semester's work.

## NOTIFICATION AND PAYMENT OF AWARDS

All applicants are notified in writing whether or not they receive an award. Scholarship monies will be sent directly to the educational facility or entity offering the educational offering. **Unused balances will not be released to the student but will be returned to HVV for redeposit into the Scholarship Fund. By completing this application, the student authorizes the educational institution to release educational record information to HVV as requested.**

## DETERMINATION OF AWARDS

Scholarships are not automatically awarded to all applicants. The HVV Scholarship Committee selects scholarship recipients on an objective and competitive basis. The committee will consider both academic and non-academic factors, as well as the current financial status of the organization, in its determination of awards.

## APPLICATION PROCESS

To apply, students must submit the application form and enclose any additional required attachments. Completed applications must be received by December 1<sup>g</sup><sup>th</sup> or May 16<sup>th</sup>.

### TO THE APPLICANT - PLEASE READ ALL PAGES CAREFULLY BEFORE FILLING OUT THIS FORM:

By fully completing this application, you will help us determine your eligibility to receive a scholarship.

You must complete each section of the application and submit all supporting documents as noted. This application becomes valid only when: 1) It is filled out in its entirety; and

2) The following have been submitted:

This application.

- . Copy of most recent transcript (as applicable), **showing a minimum cumulative 3.0 GPA.**
- . Copy of official acceptance letter from college or vocational school (as applicable) located within the State of Florida.
- . Two letters of reference from someone who knows you well and is in a position to evaluate you, i.e. school counselor or teacher, employer or job supervisor, etc.
- . An essay introducing yourself, identifying your mentors, sharing your goals and expectations for a career in a health care field, and describing why you should receive a scholarship.
- . Information on other scholarships received.
- . Information on tuition reimbursement received or eligibility for tuition reimbursement.

## APPLICATION DATA

### PERSONAL INFORMATION

Applicant's Name \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

### SCHOLASTIC INFORMATION

Please attach a copy of your official high school or college transcript showing a **minimum cumulative GPA of 3.0.**

Other Scholarships Applied for or Received:

Name \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_ Amount \_\_\_\_\_

Please attach list of additional scholarships.

Tuition Reimbursement Received or Eligibility for Tuition Reimbursement

Received from: \_\_\_\_\_ Amount \_\_\_\_\_

### COLLEGE/SCHOOL INFORMATION

College/School Choice: \_\_\_\_\_

College Mailing Address (Financial Aid Office & Contact Name if Available)

\_\_\_\_\_

Student Number \_\_\_\_\_ Major/vocational choice: \_\_\_\_\_

Cost per Credit Hour \_\_\_\_\_ # of Credit Hours/Semester \_\_\_\_\_

Additional Fees \_\_\_\_\_ Cost for Books \_\_\_\_\_

**\*\*Completion of this application authorizes the educational institution to release educational record information to HVV as requested.**

## COMMUNITY ACTIVITIES, SCHOOL, & ATHLETIC EXPERIENCE

Please detail your achievements and any other activities you have been involved with during the last 5 years that you feel are significant. This could include clubs, church activities, etc.

<b>Activity</b>	<b># of Years</b>	<b>Special Awards</b>

## WORK EXPERIENCE

Please describe any paid work experience, including summer jobs.

<b>Position</b>	<b>Dates</b>
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<b>Job Description</b>

<b>Position</b>	<b>Dates</b>
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<b>Job Description</b>

<b>Position</b>	<b>Dates</b>
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<b>Job Description</b>



**REFERENCE/APPRAISAL** - Please ask two people whom you know well to write letters of reference using the form below. Appropriate people to ask include mentors, teachers, supervisors, school advisors or counselors, etc. This application will not be considered complete unless these letters are included with your application.

**REFERENCE LETTER #1**

Scholarship Applicant's Name \_\_\_\_\_

Reference Writer's Name \_\_\_\_\_

Reference Writer's Address \_\_\_\_\_

Reference Writer's Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How long have you known applicant and in what capacity

\_\_\_\_\_

Description of applicant's character, achievements, and ability to set realistic and attainable goals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of applicant's motivation to succeed in a health care career and steps he/she has taken to accomplish this:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Reference Writer

Date \_\_\_\_\_

REFERENCE/APPRAISAL - Please ask two people whom you know well to write letters of reference using the form below. Appropriate people to ask include mentors, teachers, supervisors, school advisors or counselors, etc. This application will not be considered complete unless these letters are included with your application.

**REFERENCE LETTER #2**

Scholarship Applicant's Name \_\_\_\_\_

Reference Writer's Name \_\_\_\_\_

Reference Writer's Address \_\_\_\_\_

Reference Writer's Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How long have you known applicant and in what capacity

\_\_\_\_\_

Description of applicant's character, achievements, and ability to set realistic and attainable goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of applicant's motivation to succeed in a health care career and steps he/she has taken to accomplish this:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reference Writer

Date \_\_\_\_\_

## **CERTIFICATION**

I acknowledge that the information contained in this application is true and correct to the best of my knowledge and that I will inform the Scholarship Committee of any changes which might occur in this information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **For further information please contact:**

Sandra Shotto - [Sandra.shotto@bayfronthealth.com](mailto:Sandra.shotto@bayfronthealth.com)  
Hospital Volunteers of Venice - 483-7053 or 483-7050

### **Please return completed application to:**

Sandra Shotto - Finance Coordinator  
Hospital Volunteers of Venice  
Volunteer Office  
540 The Rialto  
Venice, FL 34285





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## HOSPITAL VOLUNTEERS OF VENICE

Should I be awarded a scholarship from Hospital Volunteers of Venice, I give my permission for the scholarship representative of the college or university I attend to discuss my educational records, including but not limited to: hours enrolled, GPA, financial aid and scholarships, with the authorized representative of Hospital Volunteers of Venice.

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Signature of Applicant

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Date