



HOSPITAL VOLUNTEERS OF VENICE

SCHOLARSHIP RENEWAL 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.

RENEWAL OF SCHOLARSHIPS/APPLICATION PROCESS

If a student has previously received a scholarship from HVV, he/she may submit a renewal application for additional scholarship funds (a maximum of two semesters per year). Submission for Spring semester is due December 18th, and submission for Fall semester is due May 16th. Scholarship renewals are made when a renewal form is submitted to the HVV with the application and transcript of the previous semester's work showing a **minimum cumulative GPA of 3.0**. Only students attending school in Florida are eligible for scholarships. Also, information on other scholarships received and tuition reimbursement eligibility must be submitted with an application. Scholarships will be granted **up to** a maximum of \$1,000 for each approved semester.

If you have previously received a scholarship from HVV and would like to reapply for another semester, you must submit the following:

- ✓ Renewal application form.
- ✓ Most recent transcript showing a **minimum cumulative GPA of 3.0**.
- ✓ Information on other scholarships received.
- ✓ Information on tuition reimbursement received or eligibility for tuition reimbursement.

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.

For further information please contact:

Sandra Shotto - Sandra.shotto@bayfronthalth.com
Hospital Volunteers of Venice

(941)483 - 7053 or (941)483 - 7050
fax #: (941) 483-7059

Please return completed application to:

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

RENEWAL APPLICATION FORM

PERSONAL INFORMATION

Applicant's Name _____

Permanent Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

E-Mail Address _____

Date of Birth _____ Student Number: _____

Name of College Currently Attending: _____

Major/Vocational Choice: _____

OTHER SCHOLARSHIP/TUITION REIMBURSEMENT INFORMATION

Other Scholarships Applied for or Received:

Name of Scholarship _____ Amount _____

Name of Scholarship _____ Amount _____

Tuition Reimbursement Rec'd or Eligibility for Reimbursement:

Rec'd From _____ Amount _____

Cost per Credit Hour _____ # of Credit Hours/Semester _____

Additional Fees _____ Cost of Books _____

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

Applicant's Signature _____ Date _____

Please return completed application to:

Sandra Shotto – Finance Coordinator

Hospital Volunteers of Venice, 540 The Rialto, Venice, FL 34285

Sandra.shotto@bayfronthhealth.com

(941) 483-7053



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.

Signature of Applicant

Date