



Chesapeake Hospital Authority Scholarship Application

For students who are pursuing a career in the Healthcare industry – Applications must be post-marked by **Friday, April 9, 2021**

Full Name: _____ Cell Phone: _____

Address: _____ Zip Code: _____ No. In Household: _____

GPA: _____ SAT: _____ Class Rank: _____ High School: _____

Have you volunteered in the Healthcare field? Yes ___ No ___ If so, where? How many years have you served?

College where you have been accepted: _____

Major you will be pursuing: _____

Scholarships you have applied to: _____

Scholarships you have already received: _____

List names and telephone numbers of two people as character references:

Signature: _____ Date: _____

1. Submit completed application packet to your Guidance Office or mail application packet directly to:

Chesapeake Hospital Authority
736 Battlefield Blvd. N.
Chesapeake, VA 23320
Attn: Administration – Ashley Schnabel

2. Packet assembly is of **high importance** due to the large number of applicants. Please **paper clip** all documents together. **Do not staple or fold documents!** Please place documents in the following order:

- Completed Chesapeake Hospital Authority Scholarship Application
- Resume (*Summary of high school activities, achievements, community service, work experience*)
- Copy of High School Transcript (*If already confidentially sealed in an envelope, you may leave it that way.*)
- A one-page typed response to the following question: *Why do you feel you are most qualified to be the recipient of the Chesapeake Hospital Authority Scholarship?*
- Full FAFSA report (*All pages required*)
- Copy of an acceptance letter into a college program for the upcoming semester including **Student ID Number**.

If the packet received is not complete it will be eliminated from consideration. Late applications will not be accepted. Applicants will be notified by mail whether they have been awarded the scholarship or not.