



Sentara Princess Anne Hospital Auxiliary, Inc
2025 Glenn Mitchell Drive
Virginia Beach, VA 23456

Tel: 757.507.1490

February 13, 2023

Catholic High School
Scholarship Coordinator
Guidance Office
4552 Princess Anne Road
Virginia Beach, VA 23462

Scholarship Coordinator,

The Sentara Princess Anne Hospital Auxiliary invites Virginia Beach High School graduating seniors planning on entering the healthcare field to apply for a \$3,000 Scholarship.

This scholarship is merit-based and the student must be pursuing a course of study in the medical field. The student must be planning on attending a Virginia college or university and meet all other requirements stated in the enclosed application including proof of acceptance.

The enclosed copy of the Scholarship Application may be reproduced as needed. Please note, this is a two page application, front and back. This year's application has been revised so please make sure the student uses the current application. All transcripts must be signed and in a sealed envelope. The Scholarship Application will also be made available at Scholarship Central on the Virginia Beach Schools website.

It is our pleasure to be able to award academic effort and achievement with a scholarship. If you have any questions, please contact me at SPAHscholarship@gmail.com.

We will be notifying our recipients and awarding our scholarships at a reception at Sentara Princess Anne Hospital. Attendance at this reception is mandatory for the recipient to be able to receive the scholarship.

Sincerely,

A handwritten signature in black ink that reads "Diane C. Hartig".

Diane Hartig
Scholarship Committee

Sentara Princess Anne Hospital Auxiliary Healthcare Scholarship Application

Due: April 7, 2023

Please Note: To receive the scholarship a student must be a Virginia Beach resident, planning to attend a Virginia college or university and be present at the Awards Reception at Sentara Princess Anne Hospital. Recipients will be notified in May. Scholarships are paid directly to the college or university. Application and all required documents must be submitted together in one envelope. The application and required documents may not be emailed or faxed.

Application Must Be Typed or Printed

PERSONAL INFORMATION

Date _____

Full Name _____ Date of Birth _____

Address _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

I certify that I am a resident of Virginia Beach.

Signature _____

EDUCATION INFORMATION

High School _____ Year Graduating _____

Class Rank _____ GPA _____

OFFICIAL TRANSCRIPT/ACTIVITY AND VOLUNTEER RECORD/EMPLOYMENT HISTORY

Official school transcripts are required and must be submitted in a sealed envelope, signed by school guidance counselor. Transcript must include grades from first semester of applicant's senior year. A copy of student's Activity and Volunteer Record plus Employment History is also required.

Check items attached.

_____ High School Transcripts _____ Activity and Volunteer Record _____ Employment History

COLLEGE ACCEPTANCE

Verification of your acceptance at a Virginia College or University is required. Please indicate which SCHOOL and give NAME and PHONE NUMBER of someone to verify this information. A copy of your letter of acceptance is to be included which should contain the above information.

School _____

Name _____ Phone _____

REFERENCES

Please provide two references. Letters of reference must be in sealed envelopes and submitted with this application. At least one must be from a recent teacher.

AFFILIATION WITH SENTARA PRINCESS ANNE HOSPITAL (SPAH)

Are you a past or current SPAH Volunteer? _____ Yes _____ No
The son or daughter of a SPAH employee? _____ Yes _____ No
If yes, employee's name _____

CAREER GOALS

Please attach a brief essay of not more than two pages, typed and double-spaced, in which you are to state your career goals. Include in your essay your reasons for choosing the healthcare profession. This essay must be presented with your application.

AFFIDAVIT

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS CURRENT AND COMPLETE. I FURTHER UNDERSTAND THAT IF ANY INFORMATION HAS BEEN MISREPRESENTED, FALSIFIED OR OMITTED, ANY OFFER OF A SENTARA PRINCESS ANNE HOSPITAL AUXILIARY, INC. HEALTHCARE SCHOLARSHIP WILL BE WITHDRAWN WITHOUT ANY OBLIGATION OF LIABILITY ON THE PART OF THE AUXILIARY.

Signature _____ Date _____

If selected for a scholarship, I agree to have my name published. _____ Yes _____ No

**Mail Application to: Sentara Princess Anne Hospital Auxiliary
2025 Glenn Mitchell Drive
Virginia Beach, VA 23456**

**Application May be delivered to the Sentara Princess Anne Hospital Information
Desk in the lobby**