

**Menifee Valley Medical Center Auxiliary Inc.
29142 White Canyon Drive, Menifee, California 92584
(951) 246-3427**

2021 SCHOLARSHIP APPLICATION

ELIGIBILITY

1. Anyone residing in one of the following postal zip codes: 92548, 92567, 92570, 92571, 92584, 92585, 92586, 92587 and 92596 planning to take courses in the field of healthcare at a community college or university may apply. This includes applicants (A) from local high schools in the above zip codes, (B) current students attending MSJC (Menifee Campus only) and (C) MVMC employees and volunteers (Zip codes do not apply) pursuing a career in or continuing their education in the healthcare field.
2. Volunteers must be active at MVMC and have a minimum of 60 volunteer hours logged prior to January 01, 2021.
3. Candidates must attend a personal interview with the Scholarship Committee.
4. The school to be attended must be accredited by a regional association of schools and colleges and must offer courses in the healthcare field.
5. A 3.0 GPA or better out of a possible 4.0 GPA is necessary for consideration. Transcripts with Pass/Fail grade designation must be translated into a numerical GPA
6. An interview with the Scholarship Committee does not guarantee the applicant will receive a scholarship.

PERTINENT FACTS

1. MVMC Auxiliary Scholarships will be awarded based on the student's school work, employment, community service and desire to enter or continue in a healthcare profession.
2. Scholarships awarded will be applied toward tuition, fees, books and course required items and sent to the institution designated by the recipient. Any funds left in the student's account at the end of the initial school year may be utilized the following semester (A) If the student continues studies relating to the healthcare field at the same College/University, (B) if student transfers to another College/University, the remaining funds should follow the student.
3. If the recipient drops out of school while the award is in effect, unused funds must be returned commensurate with the school year.
4. Legible copy of official proof of acceptance from the educational institution is required prior to disbursement of funds.
5. Scholarship funds must be requested and disbursed no later than September 01, 2021.
6. The deadline for submitting the completed application is close of business January 29, 2021.

APPLICANT'S RESPONSIBILITIES: PLEASE READ THE FOLLOWING INSTRUCTIONS!

1. Application MUST BE made on this form or a photocopy thereof. (2021 Application form)
2. Application must be typed or printed legibly, filled out completely and signed by the applicant.
3. Most current transcript must be attached to and sent with the application.
4. THREE (3) CURRENT PERSONAL REFERENCE LETTERS, DATED WITHIN THE LAST 30 DAYS, MUST BE ATTACHED TO THE APPLICATION. Reference letters from your most recent employer, counselor, instructor, club/student advisor/community or church leader (not a family member) are very helpful in assisting the committee members in their evaluation of candidate.

FAILURE TO PROVIDE THE ABOVE DOCUMENTS WILL RESULT IN DISQUALIFICATION

Return completed applications by U.S. Mail (NOT email) to:

**Judy Bair, Chairman
Menifee Valley Medical Center Auxiliary, Inc.
Scholarship Committee
29142 White Canyon Drive
Menifee, California 92584**

NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED

2021 SCHOLARSHIP APPLICATION - Page 1

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PLEASE TYPE OR PRINT LEGIBLY. PLEASE FILL OUT COMPLETELY

NAME IN FULL _____ D.O.B. _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

TELEPHONE (HOME) _____ (WORK) _____

E-MAIL _____ CELL _____

EDUCATIONAL BACKGROUND

INCLUDE LEGIBLE, MOST RECENT COPY OF TRANSCRIPTS OF GRADES WITH THIS APPLICATION

HIGH SCHOOL _____ YRS. ATTENDED _____ TO _____

LOCATION _____

COLLEGE/UNIVERSITY (IF APPLICABLE) _____

LOCATION _____ YRS, ATTENDED _____ TO _____

NAME OF COLLEGE/UNIVERSITY PLANNING TO ATTEND _____

ADDRESS OF COLLEGE _____ CITY/STATE _____

PLANNED MAJOR _____ MINOR _____

WORK EXPERIENCE (IF APPLICABLE)

EMPLOYER _____ TYPE OF WORK _____

DATES WITH THIS EMPLOYER _____

ACTIVITIES AND INTERESTS _____

QUESTIONS – Judy Bair (951) 246-3427 -- E-mail: mvmcscholarship @aol.com

GOALS, OBJECTIVES AND PERSONAL

NOTE: COMPLETE ANSWERS TO THE FOLLOWING QUESTIONS ARE IMPORTANT IN EVALUATION FOR SCHOLARSHIP, ESPECIALLY IF PERSONAL INTERVIEWS ARE NOT ABLE TO BE HELD IN 2021. THIS MAY BE YOUR BEST OPPORTUNITY TO PRESENT YOURSELF TO THE COMMITTEE. PLEASE USE A SEPARATE SHEET OF PAPER TO COMPLETE ANSWERS.

1. WHAT HEALTH CAREER DO YOU PLAN TO PURSUE?

2. WHAT QUALIFICATIONS DO YOU HAVE TO PURSUE THIS FIELD?

3. WHY IS THIS FINANCIAL ASSISTANCE IMPORTANT TO YOU? PLEASE EXPLAIN.

4. HAVE YOU BEEN OFFERED FINANCIAL HELP OR SCHOLARSHIPS FROM ANY OTHER SOURCE? PLEASE EXPLAIN.

5. DO YOU HAVE A FULL OR PART-TIME JOB OF ANY KIND? PLEASE DESCRIBE. DO YOU OR HAVE YOU EVER VOLUNTEERED FOR A CHARITABLE OR NONPROFIT ORGANIZATION? IS/WAS THIS A LEARNING EXPERIENCE FOR YOU? PLEASE EXPLAIN.

6. DESCRIBE YOUR INTEREST IN THE FIELD OF HEALTHCARE (INCLUDING YOUR VOCATIONAL OBJECTIVES AND GOALS). DO YOU KNOW SOMEONE IN THE HEALTHCARE FIELD?

7. DESCRIBE YOUR FAMILY (FATHER, MOTHER, SIBLINGS—THE PEOPLE WHO LIVE IN YOUR HOME).

I UNDERSTAND THAT THE APPLICATION INFORMATION, TRANSCRIPT INFORMATION AND REFERENCE LETTERS WILL BE USED SOLELY FOR THE PURPOSE OF EVALUATION OF THE APPLICATION FOR SCHOLARSHIP BY THE M.V.M.C. AUXILIARY SCHOLARSHIP COMMITTEE AND WILL NOT BE RETURNED.

Signature of Applicant

Date: _____