DUAL ENROLLMENT CLASSES/ AP TESTS/IB EXAMS/ HEALTH CARE SCHOLARSHIP APPLICATION 2020-2021

The Deer Valley Education Foundation has partnered with BHHS Legacy Foundation to provide scholarships to students pursuing a career in the **Health Care Field**. Students must be a high school junior or senior in DVUSD. All applications will be considered based on the following criteria:

- Financial need
- Academic achievement
- Extra-curricular school and community activities
- Two letters of recommendation

This Scholarship covers part or all of the costs for:

• **Dual Enrollment Class(es)**		Tuition	Amount Varies
• **AP**		Test Fee(s)	Amount Varies
• **IB**		Exam Fee(s)	Amount Varies
• **EMT Program**	CTE *	Related Textbooks and Supplies	$285 **
• **Medical Assisting Program**	CTE *	Personal Protective Equipment, Scrub Bottoms	$ 75 **
• **Nursing Program**	CTE *	Certification Nurse Asst Testing (CNA)	$ 85 **
• **Sports Medicine Program**	CTE *	Certified Personal Trainer Exam	$380 **
• **Veterinary Sciences Program**	CTE *	Scrub Bottoms	$ 50 **

* Career and Technical Education (CTE) Program – Enrollment required.

** The student will initially receive 90% of these funds. The remaining 10% will be reimbursed to the student if he/she successfully completes the course with a grade of a "C" or better.

NOTE: If you are a first time dual enrollment student, you must register online at https://www.maricopa.edu/future-students/high-school-students/dual-enrollment to receive your RIO Salado student ID number for this application. Do not create a financial plan. We just need you to register.

PLEASE FOLLOW THESE STEPS:

1. **Students/Parents must complete application 2 page application and LIST OF ACADEMIC/COMMUNITY ACTIVITES. These must be sent to your school counselor by email .**
2. **The student will then email the attached "ACADEMIC APPRAISAL LETTER" to two school administrators, counselors, or teachers who knows their academic accomplishments. Please have these completed ACADEMIC APPRAISAL LETTERS sent to Pam Esquerra after they are completed. Pam.Esquerra@dvusd.org.**
3. **The school counselor needs to review, sign, and submit this application to Pam Esquerra at the District Office via email: Pam.Esquerra@dvusd.org**

BHHS LEGACY FOUNDATION

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Please Choose The Type of Funds You Are Requesting By Checking The Appropriate Box(es):

- ☐ Dual Enrollment
  List Class(es): _____
- ☐ AP Test(s)
  List Test(s): _____
- ☐ IB Exam(s)
  List Exam(s): _____

CTE Programs: ☐ EMT **($285**)** ☐ Medical Assisting **($75**)** ☐ Nursing **($85**)**
☐ Sports Medicine (**$380**)** ☐ Vet Sciences **($50**)**

Name: _____

High School/Student ID#: _____ RIO Student ID: _____

Expected Date of Graduation (mm/yyyy): _____ Grade Level: _____ GPA: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate (mm/dd/yyyy): _____ E-mail Address: _____

* **Must be filled out:**
What is your Health Care Field/Career Interest: _____

Do you participate in the Free and Reduced Lunch Program? Yes No

Parents' Adjusted Gross Income (use the most current IRS Tax Return): $ _____

Parents' Occupation: Mother **$** _____ Father **$** _____

Part of the criteria is financial need. Describe personal or family circumstances that make it necessary for you to seek this aid. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc. that affect income, please include those as well. If there is a decrease in your adjusted gross income as a result of these circumstances, please list the approximate dollar change. (You may use a separate sheet if necessary.)

ALSO INCLUDE:

1. List of all community and school activities in which you have participated and dates. Include student government, volunteer projects, sports, paid employment, etc. within the last four years.
2. Two (2) completed Academic Applicant Appraisal Forms in sealed unopened envelopes (see pages 4 and 5). Letters can also be included.
3. Current unofficial or official transcript.

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I/We certify that the information in this application is true and complete to the best of my/our knowledge. I/We understand that the financial information will be considered confidential for review by the Board and the Scholarship Committee of the Deer Valley Education Foundation. I/We realize that this proof may include a request for a U.S. tax return and/or state income tax return. I/We realize that failure to comply with a request for further information may prevent the applicant from receiving any aid. Permission is hereby given to release financial information requested for consideration with this scholarship application.

Also, the student applicant hereby affirms and represents as a condition of eligibility for the Deer Valley Education Foundation Scholarship Program that:

☐ To the best of my knowledge and information, I am not a relative of nor do I live in the same home of any Board member or officer of BHHS Legacy Foundation (or its affiliates PBHMC, Inc. and Legacy Connection) nor of Vanguard Health Systems, Inc., VHS of Phoenix, Inc. (dba Phoenix Baptist Hospital), VHS of Arrowhead, Inc. (dba Arrowhead Hospital), Abrazo Health Care or any of their affiliates.

☐ **By Clicking here, you declare that your typed signature constitutes an electronic signature.**

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

☐ **By Clicking here, you declare that your typed signature constitutes an electronic signature.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN E-MAIL ADDRESS: _____ PHONE: _____

THIS ENTIRE SECTION MUST BE COMPLETED BY SCHOOL ADMINISTRATOR/COUNSELOR

Do You Recommend Student for Scholarship? ☐ **Yes** ☐ **No** **AMOUNT: $** _____

Name of Class(es) / Test(s) with Section # (if needed), $ Amounts of each class, AND if will be for Fall or Spring Semester

_____

_____

_____

Printed Name of Counselor: _____

Counselor Signature: _____ **Date:** _____

☐ **By Clicking here, you declare that your typed signature constitutes an electronic signature.**

Please see that all the following items are included/completed in scholarship application:

☐ Health Care Field Interest ☐ Community/School Activities ☐ 2 Academic Applicant Appraisal Forms
☐ Official School Transcript ☐ School Admin/Counselor Section