

CARSON VALLEY HEALTH | Foundation

Carson Valley Health Foundation Healthcare Scholarships

Application – Due April 3

This application will be used to award up to \$10,000 in total scholarship funding, which may be distributed among multiple recipients.

Applying for:

☐ **The Journey Begins Entry into Healthcare Scholarship**

Scholarship for Douglas County high school students pursuing a degree in a healthcare field.

Criteria:

- Resident and student of Douglas County, NV.
- Proof of acceptance into an accredited healthcare program.
- Minimum 3.0 grade point average.

☐ **The Journey Continues Healthcare Scholarship**

Scholarship for residents of Douglas County, NV who have already completed a year or more of a higher education, healthcare related degree and are working towards the successful completion of their program.

*Award recipients may re-apply in subsequent years.

Criteria:

- Resident of Douglas County, NV.
- Proof of acceptance into an accredited healthcare program.
- Minimum 3.0 grade point average.
- Demonstrate an interest in serving healthcare needs of Northern Nevada.

PLEASE PRINT OR TYPE

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Student cell phone: _____ Student email: _____

High school attended/Graduation year: _____

Social Security Number: _____

Note: Your social security number is used as an identifier and will remain confidential.

Students' Status

☐ First-time applicant ☐ Renewal applicant _____ Expected credits per semester

List cumulative grade point average _____

Name of school accepted at: _____

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School address: _____

City: _____ State: _____ Zip: _____

Expected graduation date from your nursing/healthcare program: _____ (mo) / _____ (yr)

Please indicate degree sought: _____

PLEASE READ CAREFULLY!

Your application will not be considered if any of the following items are missing.

APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting.

Submit the following: (1) Email as an attachment to: foundation@carsonvalleyhealth.org (2) Mail to CVH Foundation, 1107 Hwy 395 N, Gardnerville, NV 89410 or (3) drop off at CVH Foundation Office, 897 Ironwood Drive, 3rd Floor, Minden, NV 89423.

- ☐ A brief profile of yourself emphasizing occupational goals and what drives you to enter the healthcare field
- ☐ Why you should be selected as a recipient
- ☐ Copy of grades (include unofficial record of grades, does not need to be notarized, see school counselor for assistance if needed)
- ☐ Copy of acceptance letter from school indicating program admitted to (must be fully accepted and not still taking general education requirements prior to starting professional program).
- ☐ Two letters of recommendation
- ☐ Do not submit until all boxes have been checked

PERTINENT INFORMATION FOR AWARDEES:

1. Monies will be disbursed directly to the college/university prior to the beginning of the fall semester.
2. Scholarship recipients are required to submit a copy of proof of registration for the fall semester or quarter before disbursement will be made.
3. Scholarship recipients are required to submit a copy of the first semester grades, showing proof of maintaining a minimum 3.0 GPA on a 4.0 GPA scale.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** _____ Date: _____

**if applicant is under the age of 18