

Antelope Valley Medical Center

Volunteer Auxiliary Student Scholarship

Helping students achieve their healthcare goals.

www.avmc.org/scholarship



ANTELOPE VALLEY MEDICAL CENTER AUXILIARY Student Scholarship Requirements 2023

1. ELIGIBILITY

- A. Any high school senior that has been accepted to study a health-care curriculum at an accredited college, university, or technical school. The school to be attended need not be a California institution.
- B. Applicants must be residents of the Antelope Valley High School District for at least two years.
- C. In order to be competitive, a minimum cumulative 3.5 GPA is required.

II. PERTINENT FACTS

- A. Antelope Valley Medical Center's Auxiliary is granting ten, one thousand dollar scholarships. They will be awarded annually based on a student's scholastic achievement, school and community service, health care related activities, and desire to enter a health care profession.
- B. Scholarships will be awarded to selected individuals at their Scholarship Awards Ceremonies.

III. APPLICANT'S RESPONSIBILITIES

- A. Application **must** be made on the attached application form or photocopy thereof.
- B. Application must be typed or printed legibly; illegible applications may be denied.
- C. Two personal reference letters must be included with this application. Reference letters from your most recent employer, counselor, instructor, club/activity/student advisor, community or church leader (someone other than a relative) are recommended.
- D. Submit items 1-4 in a manila envelope to the Volunteer Office no later than 5pm Friday, March 10, 2023
 - 1. Application
 - 2. Two letters of recommendation (no envelopes please)
 - 3. High school transcript signed by school counselor (no envelopes please)
 - 4. A current photograph

Hand Deliver to: Antelope Valley Medical Center Volunteer Office 44241 15th Street West Suite #103 Lancaster, CA, 93534

> Mail to: Antelope Valley Medical Center Volunteer Services Department 1600 West Avenue J Lancaster, CA 93534



ANTELOPE VALLEY MEDICAL CENTER AUXILIARY STUDENT SCHOLARSHIP APPLICATION

Information must be typed or printed legibly.

DEADLINE - Application and required documents must be submitted to the Volunteer Services Department by <u>5pm Friday, March 10, 2023</u>

PERSONAL INFORMATION

1.	Name:	Birth Date:	
2.	Current address:	City	Zip
3.	Applicants Cell phone: (Home phone: (
4.	Parent(s) and/or guardian(s) Names:		
	Cell phone: ()	_ Home phone: (
ED	UCATIONAL BACKGROUND		
5. Name of High School:			
6. Name of college, university or technical school you plan to attend in the fall of 2023:			
7. Major or area of specialization:			
8. Scholastic standing: Accumulated GPA (must be 3.5 or higher):			
9. Name of aptitude or achievement test:Score:Score:			
10. In what area of health care do you plan to pursue as a career?			
AC	TIVITIES		
11.	Volunteer Activities:		
12.	Community Activities:		
13. Please list any awards, honors, scholarships, etc. you have received:			

14. Other activities and offices held (high school clubs, community, etc.):

WORK EXPERIENCE

15. List all work experience in which you have participated: _____

PROFILE OF APPLICANT (100 words or less)

16. What gualifications do you feel you have to pursue a health care career?

PERSONAL REFERENCES

17. Submit 2 letters of recommendation with application.

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of information in connection with the foregoing that in the sole judgment of the AVMC Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose."

Signature of applicant:_____Date completed: ____

SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS BY: 5PM FRIDAY, MARCH 10. 2023

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