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 year they will be awarding five scholarships, each in the amount of $3,000.

The 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 must show proof of acceptance.

**Deadline is April 5, 2019**

For any questions please contact [SPAHscholarship@gmail.com](mailto:SPAHscholarship@gmail.com)

Application must be typed or printed

Due April 5,2019

**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 Graduation \_\_\_\_\_\_\_\_\_\_

Class Rank \_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICIAL TRANSCRIPT/ACTIVITY AND VOLUNTEER RECORD/EMPLOMENT HISTORY**

Official school transcripts are required and must be submitted in a sealed envelope, signed by a 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 will suffice.

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

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

**AFFLITATION WITH SENTARA PRINCESS ANNE HOSPITAL (SPAH)**

Are you a current SPAH Volunteer? \_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

The son or daughter of a SPAH employee? \_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_NO

If yes, employee’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAREE 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 MISREPESENTED, 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 also be delivered to the Information Desk in the Princess Anne Hospital Lobby.