

SANTA YNEZ VALLEY COTTAGE HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION 2018

NAME _____ PHONE NUMBER _____

ADDRESS _____

EMAIL ADDRESS _____

*Founded in 1962, the Santa Ynez Valley Cottage Hospital Auxiliary (SYVCHA) is an all-volunteer organization that annually donates more than 18,000 hours of service to SYVCH. The organization raises funds through its New to You thrift shop. All scholarships are made possible by the SYVCH Auxiliary fundraising efforts. Each year, scholarships up to \$3,000 each are offered to Santa Ynez Valley residents who are entering into or currently enrolled in a health- or medical-related field of study. **Previous recipients of this scholarship are not eligible.***

SCHOLARSHIP GUIDELINES AND REQUIREMENTS:

<input type="checkbox"/> Resident of Santa Ynez Valley	
<input type="checkbox"/> Entering into or currently enrolled in a health or medical field of study	Provide a letter of acceptance to an accredited college or university.
<input type="checkbox"/> High school or current college transcript	Must have a minimum 3.5 GPA.
<input type="checkbox"/> Personal Essay	Compose a one-page typed essay on a separate sheet of paper. The essay must clearly articulate your academic goals and your future professional plans.
<input type="checkbox"/> Community Service (Healthcare preferred)	Provide at least one (1) letter from your volunteer supervisor verifying your community service.

Scholarship Deadline: Applications will be accepted beginning February 15, 2018. Applications must be postmarked or emailed by **Tuesday, March 15, 2018. Late applications will not be considered.**

Scholarship winners will be contacted in April 2018 and are invited to attend and accept their check at the Annual SYVCH Auxiliary Thank You Picnic on Wednesday, April 25, 2018, in Santa Ynez at 12 noon.

Mail or e-mail completed scholarship application packet to:

Santa Ynez Valley Cottage Hospital
Scholarship Committee, Attn: Martine Surey
2050 Viborg Road, Solvang, CA. 93463
msurey@sbch.org

Applicant's Signature: _____ Date: _____

**** INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED ****