

The volunteers of John C. Lincoln Deer Valley Hospital are pleased to offer a scholarship. This scholarship is dedicated to promoting undergraduate healthcare education for Arizona residents and providing opportunity for more individuals to pursue healthcare careers. This scholarship is funded through the dedicated and generous service of the volunteers in our gift shop and fundraising events.

GUIDELINES FOR SELECTION

To be considered for a scholarship, an applicant must:

- Be a resident of Arizona.
- Intend to attend a college in Arizona to pursue a career in healthcare.
- Not have completed a Baccalaureate degree.
- Demonstrate scholastic ability.
- Have and maintain a cumulative GPA of 3.0 or "B".
- Have a need for financial assistance.
- Use funds only for tuition, books, supplies, and associated school expenses.

Submit ONE ORIGINAL packet and FIVE COPIES of the entire packet, (six complete packets total) which will consist of:

- All information must be typed, computer or legibly printed. Appearance, completeness and professionalism will be considered.
- A personal cover letter
Defining your goals as they relate to your education and interest in a healthcare field.
Detailing your volunteer, community or church service, if any.
Why you should be considered for this scholarship.
Any special circumstances you would like us to consider.
- Completed application.
- Complete transcripts from education institution (most recent high school or college attended).
One official transcript submitted in a sealed envelope from educational institution and five unofficial copies for each of the other 5 packets.
- Two (2) letters of reference from professional persons who are acquainted with the applicant's scholastic ambitions.
- **HIGH SCHOOL SENIORS ONLY:** A letter from the Guidance or Counseling Department confirming graduation and eligibility.

**Completed applications must be postmarked with the following dates:
February 1, 2009 through April 1, 2009**

Mail entire application packet to:

**Volunteer Services Scholarship Chairman
John C. Lincoln Hospital – Deer Valley
19829 N. 27th Ave.
Phoenix, AZ 85027**

Incomplete applications and those received with the postmark outside the published dates will not be considered.

Recipients are notified within 6 weeks of the closing date by mail.

NON-RECIPIENTS WILL NOT BE NOTIFIED.

Scholarship Funds:

Funds awarded are available for one (1) academic year only.

Funds are sent directly to the Trust Account Officer (Financial Aid Officer) at the recipient's institution.

Semester/quarter enrollment MUST be completed or scholarship funds must be refunded to the John C. Lincoln Hospital – Deer Valley, Volunteer Services.

Scholarship Selection Committee members must excuse themselves from the consideration of the application of a family member.

Questions:

Contact the Volunteer Services Office at 623-879-5765



Honored by Experts. Honored to Serve.

SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY.

DATE: _____ **RESIDENT OF ARIZONA SINCE:** _____

NAME: _____ **SOCIAL SECURITY NUMBER** _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

HOME PHONE: _____ **2ND PHONE:** _____

MARITAL STATUS: _____ **IF MARRIED, SPOUSE'S NAME:** _____

EMPLOYMENT	ANNUAL INCOME	
OTHER SOURCE OF INCOME		
PLEASE INDICATE IF YOU WERE CLAIMED AS A DEPENDENT IN 2008	YES	NO
IN 2007	YES	NO

EMPLOYMENT HISTORY	POSITION	DATES

OTHER FAMILY MEMBERS ENROLLED IN TUITION REQUIRED EDUCATION (PRIVATE, COLLEGE, TRADE SCHOOL):	TUITION COST

EDUCATIONAL HISTORY – SCHOOL	DATES	GPA
HIGH SCHOOL -		
COLLEGE-		
OTHER-		

SCHOOL ACTIVITIES/ACCOMPLISHMENTS	DATE
VOLUNTEER/COMMUNITY ACTIVITIES/ACCOMPLISHMENTS	DATE
OTHER POINTS OF PRIDE	DATE

COLLEGE YOU PLAN TO ATTEND:	WHY:
HAVE YOU BEEN ACCEPTED? YES NO	DATE OF ADMISSION:
PLANNED FIELD OF STUDY:	

HOW WILL THIS SCHOLARSHIP HELP YOU OBTAIN YOUR PLANNED FIELD OF STUDY:
ADDITIONAL INFORMATION TO BE CONSIDERED:

Mail entire application packet between February 1, 2009 and April 1, 2009 to:
Volunteer Services Scholarship Chairman
John C. Lincoln Deer Valley Hospital
19829 N. 27th Ave.
Phoenix, AZ 85027
 See instruction page for details of what to include in the packet. Questions: 623-879-5765.