

Auxiliary of Shenandoah Memorial Hospital

VolunTeen Scholarship Program

Purpose

The Auxiliary of Shenandoah Memorial Hospital offers a scholarship program to VolunTeens that have volunteered for a minimum of two summers or give 100 hours prior to application of service (does not have to be consecutive), and are a senior in High School. The purpose is to aid the recipient in furthering their education.

Qualifications

Please read carefully and comply with all information requested:

1. Deadline for Submission: **Last Day in April.**
2. You must be a High School Senior.
3. Accepted to an accredited College, University or Vocational School.
4. A former or Current VolunTeen with Shenandoah Memorial Hospital, volunteering for a minimum of two years of service or a minimum of 100 hours.
5. All documentation of requested information must be attached to the application.
6. The amount of the scholarship may vary from year to year with the minimum being \$500.00.
7. Applications should be returned to The Auxiliary of SMH Scholarship Committee. Shenandoah Memorial Hospital 759 South Main Street Woodstock, VA 22664. A copy of your transcripts must accompany this application.
8. Provide a one page statement sharing why you think you should be a recipient of this Scholarship.

Selection Process and Criteria

The criteria that is used to select recipients for scholarships are as follows: academic performance, active in school/community, number of hours served as VolunTeen; financial need is a consideration providing all other criteria is met.

The Selection Committee (Scholarship Committee) is comprised of five individuals, One (2) board Member, two (2) from the auxiliary membership.

Terms of Scholarship

The Shenandoah Memorial Hospital Foundation oversees the terms and funds of this scholarship. Scholarships that are awarded, the monies are sent to the College, University or Vocational School. Should a student fail to attend the College, University or Vocational School, the monies are returned to the Auxiliary of Shenandoah Memorial Hospital.

VolunTeen Scholarship Application
Given by the Auxiliary of Shenandoah Memorial Hospital

Name: _____ Age: _____

Address: _____ Telephone _____

High School: _____ Graduation Date: _____

Email Address: _____

Parent/Guardian Name: _____

What years did you volunteer at SMH? _____

College, University or Vocational School you have applied to:

_____ Applied () Accepted ()

_____ Applied () Accepted ()

FINANCIAL NEED: Are there any unusual circumstances concerning your family and/or financial situation that you would like to bring to the attention of the scholarship committee?
(Attach separate sheet if necessary)

School/Community Activities:

List any relationship(s) that you have with a member of the Auxiliary or Hospital Employee

I certify that all of the information contained in this application is correct to the best of my/our knowledge and I give my consent to release the information of this application for the review of the Auxiliary of Shenandoah Memorial Hospital Scholarship Committee

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return completed application form, and essay to
Auxiliary of Shenandoah Memorial Hospital
Attn: VolunTeen Scholarship Committee
759 South Main Street, Woodstock, VA 22664