



NCH AUXILIARY HEALTH CAREER SCHOLARSHIP APPLICATION

The NCH Auxiliaries have an extensive history of providing scholarships to students seeking careers in the health care industry. The purpose and intent of these scholarships is to encourage, support, and reward those who have an avowed interest in pursuing medical and health care studies.

Part I – Eligibility: Applicant must provide all requested documentation at time of application submission

- * Transcript showing you are enrolled in healthcare related field of study or acceptance letter from accredited University or College
- * Transcript showing you have a minimum 3.0 GPA, unweighted
- * Two (2) signed and dated professional recommendations from a Guidance Counselor, instructor, teacher, and/or current employer concerning your potential to succeed in the health care field.
- * An original essay, not to exceed 500 words, detailing why you selected the health care field; sign and date the essay.

Part II – Eligibility: Applicant must meet one (1) of the below requirements

- * Applicant is a current NCH Volunteer AND an Auxiliary member in good standing with 100 or more volunteer hours.
- * Applicant is a former NCH VolunTeen or NCH College Volunteer. Applicant must have left in good standing and served a minimum of 200 volunteer hours with NCH. Applicant is eligible under this requirement up to two (2) years from departure.
- * Applicant is a dependent child of an NCH employee. The NCH employee must be in good standing with a minimum of one (1) year of employment.
- * Applicant was a dependent child of an NCH employee and said employee is now deceased. The deceased must have been in good standing prior to his/her death and been employed by NCH for a minimum of one (1) year.

**If you meet ALL of Part I & one (1) requirement of Part II
Proceed to the Next Section**

Part III – Eligibility Criteria (select one)
Section A

- _____ Applicant is a current NCH Volunteer AND an Auxiliary member in good standing with 100 or more volunteer hours.
- _____ Applicant is a former NCH VolunTeen or NCH College Volunteer. Applicant must have left in good standing and served a minimum of 200 volunteer hours with NCH. Applicant is eligible under this requirement up to two (2) years from departure.
- _____ Applicant is a dependent child of an NCH employee. The NCH employee must be in good standing with a minimum of one (1) year of employment.
- _____ Applicant was a dependent child of an NCH employee and said employee is now deceased. The deceased must have been in good standing prior to his/her death and been employed by NCH for a minimum of one (1) year.

Section B, if applicable

Volunteer ID Number: _____

Department Applicant Currently or Formerly Volunteer(s)(ed): _____

Campus Applicant Currently or Formerly Volunteer(s)(ed):

_____ Downtown _____ North Naples _____ Central Campus (Pine Ridge Road)
_____ Other: _____

Last date Volunteer served hours with NCH: _____

Section C, if applicable

Name of Parent/Guardian that is/was employed by NCH: _____

Parent/Guardian's NCH Employee ID Number: _____

Parent/Guardian NCH Date of Hire: _____

Parent/Guardian Employed in Department/Unit: _____

Parent/Guardian Phone Number: _____

Is said Parent/Guardian Deceased (circle one): YES NO

PART IV – Applicant History

	Please PRINT your answers. The application will be returned if it is illegible or incomplete.
1	Applicants Name: _____
2	Permanent Address: _____ City: _____ State: _____ Zip: _____
3	Daytime Telephone Number: _____
4	E-Mail Address: _____@_____. _____
5	High School (Former or Current) _____ Graduation Date: _____ <i>Recent graduate provide transcript</i> University / College You Are or Will be attending: <i>Provide recent acceptance letter or current transcript</i> _____ University / College Field of Study: _____ Student Status: _____ Full Time _____ Part Time University / College Student ID#: _____ Projected Graduation Date: _____ Year In University / College: _____ GPA: _____
6	List your academic honors, awards and club memberships and activities:
7	List your current employer if applicable within the last 4 years (part-time &/or full time) Employers Name, Address, Type of Work, Dates - You may attach a resume

8	List community service activities, hobbies, outside interest and/or extracurricular activities:
9	How did you hear about the NCH Auxiliary Health Career Scholarships? (check all that apply) _____ From an NCH Employee _____ From an NCH Volunteer _____ From the NCH Website _____ From the NCH Auxiliary Facebook page _____ Other _____
10	I CERTIFY, UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING: The information submitted above and all attached documentation is true and correct. Scholarship funds CAN NOT be used for personal living expenses. Scholarships checks are sent directly to the University or College. If you do not complete your studies, you must immediately repay the scholarship. _____ _____ Applicants Signature Date (MM/DD/YYYY)