

**Elizabeth D. Balmer Teen Volunteer
Scholarship Application
PART I**

TO SCHOLARSHIP APPLICANTS:

Before filling out this application form, please read the following:

I. ELIGIBILITY

1. Any Teen Volunteer active in the NorthBay Hospital Guild who intends to Pursue a health care curriculum at an accredited college, university, or technical school, may apply. The applicant must have a minimum of 100 volunteer hours within the last two-year period.
2. In order for Teen Volunteers to apply, a 3.0 GPA, out of a possible 4.0, is necessary.
3. To be eligible, applicant must follow all specific instructions within this application.

II. PERTINENT FACTS

1. Scholarship(s) will be awarded annually based on a student's volunteer activities, school and community service, and desire to enter a health care profession.
2. Selection of recipient(s) will be announced by May 31 of the applying year and scholarship(s) will be awarded in June of the same year.

III. APPLICANT'S RESPONSIBILITIES

1. Application must be made only on the Eliz. D. Balmer Scholarship Application form.
2. Application must be typed or printed **legibly**.
3. Three reference letters (one of which must be the high school counselor or the health care volunteer adviser/director) must be attached to and sent in with this application.
4. To become a candidate, mail the following to the NorthBay Hospital Guild Scholarship Committee, 1200 B. Gale Wilson Boulevard, Fairfield, CA 94533 by _____ . **NO LATE OR INCOMPLETE APPLICATION WILL BE ACCEPTED.**
 - a. Application form
 - b. Three letters of recommendation
 - c. High school transcript
 - d. Official proof of acceptance/enrollment from the educational institution you will attend
 - e. All application information must be on this form
5. Finalists may be contacted for a personal interview.

**Elizabeth D. Balmer Teen Volunteer Scholarship Application
PART II**

Name _____ Date of Birth _____
(Last) (First) (Middle initial)

Address _____ Phone _____

City / State _____ Zip Code _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

High School Attending _____ Grade Point Average _____

Extra-curricular school activities in which you have participated and out-of-school organizations to which you have belonged: offices held, etc. _____

Name of college accepted & planning to attend _____

Major field of study _____

Why are you interested in the health care field? Please describe your goal(s) and plans:

Letter References:

Counselor _____
(Name) (Address) (Phone)

Teacher _____
(Name) (Address) (Phone)

Adult Family Friend _____
(Name) (Address) (Phone)

Signature: _____ Date: _____