

# NorthBay Guild Scholarship Application PART I

## TO SCHOLARSHIP APPLICANTS:

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

### I. ELIGIBILITY

1. Any Teen or Adult Volunteer active in the NorthBay Hospital Guild who intends to pursue a health career 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. NorthBay Guild scholarship(s) will be awarded annually based on a student's health care 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 NorthBay Guild 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
  - d. All application information must be on this form
5. Finalists may be contacted for a personal interview.

# NorthBay Guild Scholarship Application PART I

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. \_\_\_\_\_

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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:

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Letter References:

Counselor \_\_\_\_\_  
(Name) (Address) (Phone)

Teacher \_\_\_\_\_  
(Name) (Address) (Phone)

Adult Family Friend \_\_\_\_\_  
(Name) (Address) (Phone)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_