



2019 MAKING A DIFFERENCE SCHOLARSHIP APPLICATION

Mountain Valleys Health Centers (MVHC), seeks to sustain and enhance the quality of life in rural America by advancing an understanding of rural issues. Through its various programs and initiatives, MVHC strongly supports the continuing education of our rural youth.

TWO \$1,000 SCHOLARSHIP AWARDS

ONE AWARD PER STUDENT

1. The DEADLINE for scholarship applications is **Friday, April 12, 2019** at 5:00 p.m. (NO EXCEPTIONS).
2. Refer to application process below for a list of the supporting documents needed.
3. Type or print legibly. Illegible applications will be returned to you.
4. If awarded, you will be notified by phone or email in May.
5. If you have any questions about the application, please email Jennifer at jcar@mntvalleyhc.org.

PURPOSE: Mountain Valleys Health Centers' (MVHC) mission of the scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, trade schools, and universities. Mountain Valleys Health Centers principally targets two and four year academic programs.

SCHOLARSHIP AWARDS: Mountain Valleys Health Centers awards scholarships on the basis of a comprehensive process, such as financial need, academic performance, leadership potential, and volunteer hours. Scholarships are awarded annually provided funds are available. MVHC pays scholarship funds directly to the recipient. Mountain Valleys Health Centers Scholarships are awarded without regard to race, color, ethnicity, gender or sexual orientation.

CRITERIA

- Applicants must be a senior in high school in the following locations: Big Valley, Fall River, Burney, Butte Valley, Tulelake, Mt. Shasta, McCloud, Tulelake, and Weed. Eligible seniors must be graduating spring of 2019.
- Applicants must demonstrate a minimum unweighted GPA of 3.0 on a 4.0 scale.
- Applicants must be accepted as a full-time student at a college, university, or trade school program for the upcoming academic semester.
- Applicants must demonstrate a need for financial assistance.
- Preference will be given to students wishing to enter into the medical, dental, or behavioral health field (including but not limited to the medical and administrative field in medicine).
Examples include: MA, CNA, LVN, RN, EMT, CLS, physician, pharmacist, physical therapist, health information technologist, speech pathologist, occupational therapy aide, dentist, dental assistant, phlebotomist, LCSW, psychiatrist, dietitian, business finance, healthcare administration, chiropractor, surgeon, respiratory therapist, etc.
- Applicants must be a citizen or legal permanent resident of the United States.
- Applicants must complete and submit a scholarship application by Friday, **April 12, 2019**.



Mountain Valleys

HEALTH CENTERS

2019 MAKING A DIFFERENCE SCHOLARSHIP APPLICATION

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SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official high school transcript.

SCHOLARSHIP AWARDS

- * Award notification will be in May 2019.
- * A presentation of award will be done by an MVHC board member or staff at baccalaureate or graduation ceremony.
- * ***Scholarship to be paid upon Mountain Valleys Health Centers' receipt of first semester/quarter grades from college, university, or trade school.***

Please mail or email completed application with supplemental documents to
jcar@mtnvalleyhc.org OR submit application to:

**MAKING A DIFFERENCE SCHOLARSHIP PROGRAM
MOUNTAIN VALLEYS HEALTH CENTERS
ATTN: SCHOLARSHIP COMMITTEE
PO Box 277
Bieber, CA 96009**



Mountain Valleys

HEALTH CENTERS

Name: First _____ Last _____

Email Address _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

High School Name _____

High School Telephone Number _____

Name of Parent(s) or Guardian(s) _____

SAT Score (if applicable) _____ ACT Score (if applicable) _____

Grade Point Average (must include transcript) _____

College, University or Vocational/Technical School You plan to Attend _____

Are you attending Fall of 2019? Yes ___ No ___

Have You Been Accepted? Yes ___ No ___ Will you be a full-time student? Yes ___ No ___

Will you be a commuting student? Yes ___ No ___

What specialty/major do you plan to major in? _____

What are your career plans? Where do you see yourself in 10 years? _____

Please explain your need for the MVHC Scholarship: _____

List other financial assistance you will be receive per semester/quarter such as grants, student loans, etc.



Work Experience: List your work experience over the last four years, in chronological order, with your most recent job listed first. Attach additional page if necessary _____

School Activities: List all school activities in which you have participated in the last four years (i.e., athletics, student government, clubs). Attach additional page if necessary _____

Community and Volunteer Activities: List all nonpaid community activities in which you have participated in the last four years (i.e., volunteer efforts, church work). Attach additional page if necessary. _____

Awards and Honors: List all awards and honors received in the last four years (including academic awards or honors). Attach additional page if necessary. _____
