



**Auxiliary &
Volunteer Services**
BLANCHARD VALLEY HEALTH SYSTEM

2021 Application

Application Requirements:

1. Applicant must be a senior in a high school where a BVHS primary care facility is located.
 - a. Eligible schools include Arcadia, Arlington, Bluffton, Carey, Cory-Rawson, Findlay, Fostoria, Leipsic, Liberty-Benton, McComb, North Baltimore, Ottawa, Riverdale, Van Buren and Vanlue
2. Scholarships will be awarded on merit, not geographic location
3. Applicant must be ranked in the top 1/3 of their class
4. Applicant must be entering a Health related field of study
5. Scholarship recipients are expected to attend the Auxiliary's Annual Appreciation Banquet (invitation will be mailed)
6. Scholarship application must reflect *BVHS Auxiliary & Volunteer Services* logo and current year

Complete the application below and attach the following:

1. A letter of acceptance from their college of choice
2. Applicant's official High School Transcript (signed by Counselor or Principal)
3. Letter of Recommendation from a teacher (see "Evaluation of Student" on page 3)
4. Applicant's personal essay (see "Personal Statement" on page 3)
5. Resume or Summary of applicant's school and non-school activities and/or work experience (see "Resume/Summary of Activities" on page 3)
6. Application and required documents must be submitted via mail (to the address reflected on the application) and received by April 15th

**** All the above must be included or the application will not be considered**



**Blanchard Valley Health System Auxiliary
Health Related Studies Scholarship Application
2021**

1. Name in Full _____
2. Mailing Address _____
3. Parent/Guardian Name(s) _____
4. Primary Phone _____ Email _____
5. Age _____ Sex _____ DOB _____
6. Name and Location of College _____
7. Have you been granted admission? _____ (if yes, please attach acceptance letter)
8. Planned major, course of study or degree? _____
9. Length of time to complete degree/training _____
10. How much is annual tuition? _____
11. How will this financial obligation be met? _____

Scholastic Record:

(To be completed by high school counselor)

Please attach high school transcript, signed by counselor or principal.

1. Class rank per # of students in Class _____ Cumulative GPA _____
2. ACT Composite _____ SAT _____
3. PSAT _____ (National percentile ranking)

Signed _____ Position _____

High School _____

High School Address _____

Guidance Counselor Name and Phone _____

Evaluation of Student:

(To be completed by instructor in junior or senior year of school. Please include separate document)

1. Please describe the student's abilities in academics, leadership, perseverance and any other areas in which they have excelled.

Personal Statement:

(To be completed by applicant on a separate document)

1. Why have you chosen a health related career?

Resume/Summary of Activities:

(To be completed by applicant on a separate document)

1. Include the non-school activities you've participated in; years of membership; offices held and outstanding activities in which you have participated as a leader
2. Include the school activities you've participated in; years participated and the offices held throughout your high school career (athletics, debate, drama, music, etc.)
3. Include all other activities and/or employment history that describe your past achievements

Statement of Applicant, Parent or Guardian

We have examined this application and the records are true, complete and accurate.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return (application and all documents) to:

BVHS Auxiliary
1900 South Main Street
Findlay, OH 45840