



FRHS Volunteers Scholarship Application

Personal Information

Date _____

Last Name First Name MI

Address Email Address

City State Zip Code

Home Phone Cell Phone

Education Information

High School Graduation Year

College Graduation Year

Current GPA Total Volunteer Hours at Faith Regional Health Services From (Date) To (Date)

To which colleges have you been accepted?

Essay Question (Please type and include with application). Print single side only, no staples.

Please include type written essay to application. Your response to each question should not exceed 150 words.

1. Share your personal and professional goals you hope to achieve in your chosen field.
2. What course of study do you plan to pursue and why?
3. Write a brief autobiography emphasizing such things as family and special interests.
4. Based on the extracurricular activities, work experiences and volunteer service, share which of these activities have been most rewarding and why. Please include any leadership roles and awards received.

Paid Work Experience: (Full or Part-time)

(Please type and include Paid Work Experience using the following criteria.)

Employer Employment Dates Position Held/Responsibilities Hours per week

Awards and Honors Received (Please type and include using the following criteria.)

Award/Honor Date Received

Organization Membership and Community Activities: Please list those membership activities that demonstrate leadership, teamwork and good citizenship. Include school extra-curricular, faith-related and community service activities.

(Please type and include Organization Membership and Community Activities using the following criteria.)

Activities Years Officer? Comments: Positions held, leadership roles, activities completed, etc.

References: (Please type and include)

1. Three (3) letters of reference from employers, teachers, or other professionals outside your family who can furnish information on your personal character and motivation. References may be collected by the applicant and turned in with completed application, or mailed directly to the address below. Applicants are responsible for making sure all references have been received prior to March 31st.
2. Any applications without three references will not be considered.

Transcript

1. Include with this application a certified copy of your most recent high school or college transcript.

Volunteer Hours

1. Include with this application an official report of FRHS volunteer hours, which must be obtained from the Volunteer Services office. Applicant is responsible for accurately tracking volunteer hours and verifying that hours have been recorded correctly. Contact the Volunteer Services office at 402/644-7529.

Certification

Your signature on this application authorizes Faith Regional Health Services and the Scholarship Committee to examine your academic and personal records and certifies the accuracy of the information you have provided.

Evaluation

Each application is evaluated and rated by a Scholarship Committee comprised of FRHS volunteers. The application is individually weighted on six criteria (FRHS attendance; organization and community involvement; leadership qualities; future goals; academics or work experience; and total number of approved FRHS volunteer hours) for a maximum total of 100 points. Applicant's combined points from each of the six criteria determines scholarship award amount.

Unsigned or incomplete applications will not be considered.

The Volunteer Scholarship Committee and/or FRHS staff reserve the right to adjust/over-ride scholarship requirements, as deemed necessary.

Applicants MUST be actively volunteering at FRHS at the time scholarship checks are distributed, usually in May of the same year. Not actively volunteering may result in forfeiture of the scholarship.

Applicant's Signature _____

Date _____

Return by March 31st to:

**Faith Regional Health Services
Attn: Volunteer Services
2700 W. Norfolk Ave.
Norfolk, NE 68701**