

**DIGNITY HEALTH
SIERRA NEVADA MEMORIAL HOSPITAL AUXILIARY
SCHOLARSHIP PROGRAM**

All applications must be received in the SNMH Auxiliary Office no later than:

JANUARY 31, 2018

Submit completed applications to:

**Sierra Nevada Memorial Hospital Auxiliary
Attention: Vice President
155 Glasson Way
Grass Valley, CA 95945**

For further information, please contact:

Suzanne Nobles: 530-265-2224
Sue Scardina: 530-446-6266

DIGNITY HEALTH SIERRA NEVADA MEMORIAL HOSPITAL AUXILIARY GUIDELINES FOR THE SCHOLARSHIP PROGRAM

Effective June 1, 2017, applicants for the Dignity Health Sierra Nevada Memorial Hospital (SNMH) Auxiliary Scholarship must fall within the guidelines set forth below.

1. They must be one of the following:
 - a. A graduating high school senior who resides in Nevada County and has maintained a 3.0 or higher grade point average (in good standing) for a period of at least one year; or
 - b. A college student who resides in Nevada County and has maintained a 3.0 or higher grade point average (in good standing) for a period of at least one year; or
 - c. A SNMH Auxiliary member who has been active for at least one year; or
 - d. A SNMH employee who has been employed for at least one year.
2. The applicant must be committed to pursuing a career in healthcare. Their college preparatory classes or major must reflect this commitment.
3. To be considered for a scholarship award, an official transcript must be submitted with the application to verify the applicant's grade point average. This requirement may be waived by the Executive Committee for an SNMH Auxiliary member or a SNMH employee.
4. Applications are reviewed by the SNMH Auxiliary Board of Directors. Two candidates will be selected for recommendation to the Auxiliary General Membership. If there are qualified candidates, two \$3,000 scholarships will be awarded and will be paid in \$750 increments for four semesters/quarters. Any changes with regard to the number of scholarship awards given, or the disbursement of funds, must be approved by the Executive Committee.
5. The applicant(s) will be awarded the scholarship at the June Auxiliary Board meeting of each year.
6. The first increment will be disbursed following the student's presentation to the Vice President of: (1) a letter of acceptance or proof of attendance from their college or university, and (2) their registration schedule showing a minimum of six units carried for the current semester/quarter.
7. Further increments will be disbursed following the student's presentation to the Vice President of: (1) an official transcript showing satisfactory grades (3.0 grade point average or higher) for the appropriate semester/quarter, and (2) their registration schedule showing a minimum of six units carried for the current semester/quarter.
8. After receiving and reviewing the required documents, the Vice President will notify the Treasurer to disburse the appropriate installment funds to the student's Financial Aid Office. The student is responsible for providing the correct mailing address of their college's Financial Aid Office.
9. The Auxiliary designates the scholarship monies be used only for tuition, fees, books and other related college expenses, and disbursements are never made directly to the student.
10. Any exceptions to the above Guidelines must be approved by the Executive Committee.

**Sierra Nevada Memorial Hospital Auxiliary
High School Student Scholarship Application**

Name: _____ Date: _____

Address: _____

E-Mail Address: _____ Phone Number: _____

Name of High School: _____ GPA: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

Are you totally dependent on your parents? _____

If no, explain: _____

Is financial aid necessary to continue your education? _____

Have you applied for other scholarships? _____

What college or university do you plan to attend? _____

Have you been accepted? _____ Major field of study: _____

In a separate attachment, please give other information about yourself that will be useful to the Scholarship Committee. In essay form, include information about your career goals, other volunteer and extracurricular activities. Please include two letters of recommendation and your school transcripts.

References (do not use relatives):

Name: _____ Phone: _____

Name: _____ Phone: _____