

VALLEY HEALTH SYSTEMS HEALTHCARE MINORITY SCHOLARSHIP PROGRAM

Given the impact education has on the post-secondary opportunities available to those interested, Valley Health Systems is offering a one-time post-secondary scholarship (up to \$5,000) to individuals pursuing a career in medicine, health sciences, or health administration who self-identify as a member of a minority group.

ELIGIBILITY REQUIREMENTS

- 1) Applicant consideration given to those who have received care from a Valley Health provider within the past 12 months (is not an absolute eligibility requirement).
- 2) Applicant must be enrolled, or in the process of becoming enrolled, in a post-secondary program or institution that offers degrees or certifications in the medical/nursing, health sciences, or health administrative fields.
- 3) Applicant must describe future career goals and the potential positive impact attaining these goals could have on the applicant's family and community.
- 4) Applicant must self-identify as a member of a minority/racial/ethnic group (*e.g., Black/African-American, Latinx, Asian-American, Indian-American, Native/Indigenous American*)

APPLICATION DEADLINE & REQUIREMENTS

Completed Applications must be submitted by May 13, 2022. Submit completed information to:

Valley Health Systems, Inc.
Attn: Brett Wellman
78 Peyton Street
Barboursville, WV 25504

May also submit by email to: bwelman@valleyhealth.org (please add "Scholarship" in the email subject line)

The following MUST be submitted along with your application in order for it to be considered "complete":

- One (1) reference letter. Reference letters can be provided by school administration or a personal contact, but should include relation to applicant.
- Confirmation of current school enrollment status or confirmation of home-school status from county school board office.
- A copy of post-secondary acceptance letter (if available).

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Be sure all contact information is accurate and updated. Incorrect contact information will significantly delay the processing of your scholarship application. False information will remove your application from consideration. To ensure your application receives the highest possible consideration, please proofread your application very carefully for typographical and grammatical errors prior to submission.

General Information

Name	
Email Address	
Permanent Home Address	
Permanent Home/Cell Phone	
Race/Ethnicity	
Have you received healthcare services at Valley Health in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please include a recent photo (JPG preferred).

Enrollment & Education

Grade Completing by Summer 2022	
Are you enrolled in, or have you applied to a post-secondary program or school?	

Recommendation Letter: You must submit one (1) for your application to be considered “complete” and eligible for consideration. This can be from current school administration or a personal contact, and delivered as an attachment to this application or online. Please include reference contact info below.

Reference Name	
Reference Phone Number	
Reference Email Address	
Reference Relation to Applicant	

Personal Statement: Please state your reasons for pursuing a healthcare-related career, including any individual or event that influenced your decision.

Healthcare-Related Experience: Please include any significant healthcare-related experiences that have inspired you to earn a degree in the field.

Career Goals: Please describe your healthcare career goals and plans to achieve them. Be sure to include how your goals will improve the lives of your family, friends, and community.

Additional Information: Is there anything else you would like us to know about you?

How did you hear about this scholarship opportunity?

By submitting this application, you are giving Valley Health permission to contact you and/or any reference listed to discuss your post-secondary educational plans. You are also giving Valley Health permission to share your name and photo as a scholarship recipient for organizational updates and/or future scholarship funding opportunities.

Applicant Signature

Applicant Date