**VALLEY HEALTH 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 patients interested in pursuing a career in medicine, health sciences, or health administration who is registered as member of a minority racial or ethnic group.

**ELIGIBILITY REQUIREMENTS**

1. Applicant must have received care from a Valley Health provider within the past 12 months.
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 be registered as a member of a minority racial or ethnical group *(e.g., Black/African-American, Latinx, Asian-American, Indian-American, Native/Indigenous American)*

**APPLICATION DEADLINE & REQUIREMENTS**

Applications must be submitted by April 30, 2023.

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).
* A copy of Grade Transcript with evidence of GPA reflecting of academic achievement in school

|  |
| --- |
|  |

**APPLICATION 2023**

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 Phone |  |
| Race/Ethnicity |  |
| Date of last service with Valley Health |  |

Please include a recent photo (JPG preferred).

***Enrollment & Education***

|  |  |
| --- | --- |
| Grade Completing by Summer 2023 |  |
| 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

*Applications can be emailed to* [*scholarships@valleyhealth.org*](mailto:scholarships@valleyhealth.org) *or mailed to Valley Health 5636 US Route 60, Suite 1B, Huntington, WV 25705*