

Carson Valley Medical Center Healthcare Scholarship

Applying for:

- The Journey Begins Entry into Healthcare Scholarship** **The Journey Continues Healthcare Scholarship**
\$1000.00 **\$2000.000**

Application – Due April 2, 2021

Please print or type

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Student cell phone: _____ Student email: _____

High school attended/Graduation year: _____

Social Security Number: _____

Note: Your social security number is used as an identifier and will remain confidential.

Student's Status

First-time applicant Renewal applicant _____ Expected credits per semester

List cumulative grade point average _____

Name of school accepted at: _____

School address: _____

City: _____ State: _____ Zip: _____

Expected graduation date from your nursing/healthcare program: _____ (mo) / _____ (yr)

Please indicate degree sought: _____

Financial Information

Your primary source of support/income – **Please Check One:**

____ Your parents (**even if you have your own tax return, if you are claimed by your parents on their tax return, the PARENTS' tax return must be sent**)

____ You and your spouse

____ You are self-supporting (send this ONLY if not claimed on your parents' return)

Family's adjusted gross income (from page 1 of most recent income tax report filed) \$ _____

(if you are claimed as a dependent on your parents' tax report, then ONLY submit their tax report)

Annual tuition for desired program \$ _____

Please list any educational loans and/or scholarships you will receive:

Please Read Carefully!

Your Application Will Not Be Considered If any of the Following Items Are Missing.

APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting

Submit the following: (1) Email as an attachment to: kbodenstein@cvmchospital.org (2) Mail to CVMC Hospital Foundation, 1107 Hwy 395 N, Gardnerville, NV 89410 or (3) drop off at CVMC Hospital Foundation Office, 897 Ironwood Drive, 3rd Floor, Minden, NV 89423 by April 2, 2021.

- A brief profile of yourself emphasizing occupational goals and what drives you to enter the healthcare field
- Why you should be selected as a recipient
- Copy of grades (include unofficial record of grades, does not need to be notarized, see school counselor for assistance if needed)
- Copy of acceptance letter from school indicating program admitted to (must be fully accepted and not still taking general education requirements prior to starting professional program).
- Copy of first page only of parents' personal income tax return. If you are claimed by your parents we will only consider their tax return. If you are not claimed as a dependent by your parents, then submit your own tax return.
- Two letters of recommendation
- Do not submit until all boxes have been checked

Before applying, if you have any doubts about the instructions above, please email or call Kimberly Bodenstein, CVMC Hospital Executive Foundation Director, at kbodenstein@cvmchospital.org or 775-782-1583.

PERTINENT INFORMATION FOR AWARDEES:

1. Monies will be disbursed directly to the college/university prior to the beginning of the fall semester.
2. Scholarship recipients are required to submit a copy of proof of registration for the fall semester or quarter before disbursement will be made.
3. Scholarship recipients are required to submit a copy of the first semester grades, showing proof of maintain a minimum 3.0 GPA on a 4.0 GPA scale.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** _____ Date: _____

**if applicant is under the age of 18