



## **MOUNTAIN VISTA MEDICAL CENTER AUXILIARY SHELLY ANN FITZPATRICK NURSING SCHOLARSHIP 2018-2019 GUIDELINES**

### **TO SCHOLARSHIP APPLICANTS:**

Before filling out the application form please read the following:

#### **I. ELIGIBILITY**

- A.** Any person who is a volunteer with at least 100 hours of service OR an employee of Mountain Vista Medical Center with one year of service, who is in good standing, and is enrolled at an Arizona accredited nursing college, university or technical school.
- B.** The applicant must plan to pursue a nursing career.
- C.** In order to be eligible, an applicant must have a minimum 3.0 scholastic GPA or higher.
- D.** To be eligible, an applicant must follow all specific instructions within this application. All applications must be **typed and signed** by the applicant, as well as other entities as indicated on the application. Incomplete applications **will not** be considered.
- E.** Applications and guideline materials may be downloaded from the Mountain Vista Medical Center intranet page or website. Additional information and questions can be directed to the Mountain Vista Medical Center Volunteer Auxiliary Scholarship Committee via the Volunteer Services office: 480-358-6500.
- F.** People who do not meet the criteria addressed in A through E above are not eligible to apply.

#### **II. PERTINENT FACTS**

- A.** Auxiliary scholarships will be awarded based upon a student's scholastic achievement, health care volunteer activities, relevant work experience, school and community service and the student's plan to pursue a nursing career. The Auxiliary may award up to two (2) scholarships of \$1,000.
- B.** The scholarship money will be given to the recipient upon their submission to the Auxiliary of a receipt(s) from the accredited college, university or technical school that they are currently enrolled in for expenses incurred for their current academic program.



C. Selection of recipients will be announced in late September 2018.

### III. APPLICATION RESPONSIBILITIES

- A. Application must be completed on this form and returned electronically or by hard copy.
- B. Application must be typed on a typewriter or computer. Handwritten applications will not be accepted.
- C. Two current, dated and signed personal reference letters must be attached to and sent in with this application. Reference letters from a non-family member including your most recent employer, counselor, instructor, volunteer director, club/activity advisor, community or church leader, will be used in assisting the committee in their selection of a recipient(s).
- D. To be considered for the **MOUNTAIN VISTA MEDICAL CENTER AUXILIARY'S SHELLY ANN FITZPATRICK SCHOLARSHIP**, please enclose the following:
1. Completed and signed application form.
  2. Two current, dated and signed letters of recommendation, **not** from a family member.
  3. Current **official** transcript.
  4. **An essay that does not exceed 200 words**, describing your major field of interest and the reason for applying for the scholarship.
  5. Verification of acceptance into an Arizona accredited school offering courses in the nursing field.

**INCOMPLETE application packets will result in automatic disqualification.**

The Scholarship Selection Committee may contact finalists for a personal interview in mid to late September.

**ALL application information must be received by September 14, 2018.**

**IV. This scholarship is NOT automatically renewed. You may apply again next year.**

**V. Please drop-off your submission to the Volunteer Services office** at Mountain Vista Medical Center, located in the main lobby, or email it to [rene.batson@steward.org](mailto:rene.batson@steward.org) no later than September 14, 2018.



**Mountain Vista Medical Center Auxiliary**  
**SHELLY ANN FITZPATRICK NURSING SCHOLARSHIP**  
**Scholarship Application Checklist**

To assist you in meeting all of the scholarship application requirements, please verify you have completed the following:

1. \_\_\_\_ Scholarship Application is typed.
2. \_\_\_\_ Application is signed and dated by the applicant.
3. \_\_\_\_ Scholarship Application is signed by the Volunteer Supervisor, if applicable.
4. \_\_\_\_ Scholarship Application is signed by Human Resources if an employee of MVMC.
5. \_\_\_\_ Official school transcripts attached.
6. \_\_\_\_ Attached two (2) **current, dated and signed letters of recommendations that are not** from a family member.
7. \_\_\_\_ Submitted a 200-word or less essay, describing your major field of interest and why you are applying for the Mountain Vista Medical Center Auxiliary Shelly Ann Fitzpatrick Nursing Scholarship.
8. \_\_\_\_ Submitted proof of your acceptance into an Arizona accredited school offering courses in the nursing field.



**MOUNTAIN VISTA MEDICAL CENTER AUXILIARY  
SHELLY ANN FITZPATRICK NURSING SCHOLARSHIP APPLICATION  
2018-2019**

*Information must be typed on this form only*  
**Deadline: Applications must be received by September 14, 2018**

**PERSONAL DATA**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ # OF DEPENDENTS \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

NAME OF SCHOOL (Current) \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ SCHOLASTIC GPA \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_  
MAJOR \_\_\_\_\_  
NAME OF SCHOOL (Previous) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_  
**VOLUNTEER ACTIVITIES RELATED TO HEALTH CARE**  
DATE \_\_\_\_\_ VOLUNTEER POSITION \_\_\_\_\_  
TOTAL HOURS \_\_\_\_\_



NAME OF INSTITUTION OR AGENCY \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**OTHER VOLUNTEER ACTIVITIES**

DATE \_\_\_\_\_ VOLUNTEER POSITION \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

NAME OF INSTITUTION OR AGENCY \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**COMMUNITY ACTIVITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT OTHER FINANCIAL AID OR SCHOLARSHIPS HAVE YOU RECEIVED FOR THE UPCOMING SEMESTER? WHAT IS THE VALUE OF EACH?**

FROM \_\_\_\_\_ VALUE \$ \_\_\_\_\_

FROM \_\_\_\_\_ VALUE \$ \_\_\_\_\_

FROM \_\_\_\_\_ VALUE \$ \_\_\_\_\_

**OTHER AWARDS, HONORS, ACTIVITIES AND /OR OFFICES HELD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**WORK EXPERIENCE List your work experience (health-related and other)**

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TITLE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

**FINANCIAL NEED Give an estimate of the cost of your education for the upcoming year**

TUITION AND BOOKS	\$ _____	LOANS	\$ _____
HOUSING	\$ _____	GRANTS	\$ _____
<b>TOTAL</b>	\$ _____	SCHOLARSHIPS	\$ _____
		SELF/SPOUSE	\$ _____
		PARENTS	\$ _____
		<b>TOTAL</b>	\$ _____

ARE YOU CURRENTLY A VOLUNTEER OR EMPLOYEE IN GOOD STANDING AT MVMC?  
YES  NO

**PLEASE HAVE THE APPROPRIATE MANAGER SIGN HERE:**

MVMC HUMAN RESOURCES MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

VOLUNTEER SERVICES MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

**PROFILE OF APPLICANT**

Please attach your essay to the last page of this application (must be *typed*)

**ATTESTATION**

I hereby certify that all of the above information is true and correct. I further understand that the falsification of information will result in disqualification.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_