



MOUNTAIN VISTA MEDICAL CENTER AUXILIARY SHELLY ANN FITZPATRICK NURSING SCHOLARSHIP 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

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 December 21, 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 no later than December 21, 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 2019**

Information must be typed on this form only
Deadline: Applications must be received by December 21, 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	\$ _____
TOTAL	\$ _____	SCHOLARSHIPS	\$ _____
		SELF/SPOUSE	\$ _____
		PARENTS	\$ _____
		TOTAL	\$ _____

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 _____