

**2010**  
**AVMF Medical and Health Related Education Scholarships**

**GUIDELINES and APPLICATION FOR INDIVIDUALS**

The Aspen Valley Medical Foundation offers an extensive scholarship program for AVH employees and other local individuals pursuing health careers. The scholarship program provides assistance with tuition and other appropriate related expenses for undergraduate or graduate degree programs, conferences, workshops, seminars and trainings. A formal application process is detailed in these guidelines.

**Types of Scholarships**

***AVH Employees Education Scholarships:*** Applicants must be AVH employees and scholarships are offered four times a year for assistance in continuing education as it relates to employees' professional duties.

***Audrey Owings Memorial Scholarship for EMTs/Paramedics:*** Applications are open to Roaring Fork Valley residents pursuing certification or re-certification. Scholarships are offered four times a year.

***Nursing Scholarships:*** Applications are open to Roaring Fork Valley residents currently enrolled in state-accredit schools of nursing or pre-nursing in associate, baccalaureate, or master's degree programs. These scholarships are offered four times a year. Pre-nursing students are students enrolled in college or university programs designed as preparation for entrance into a program leading to an associate or baccalaureate degree in nursing.

***Dr. Rodney E. Kirk Memorial Scholarship:***

This scholarship is offered once a year (April deadline to apply annually) to Roaring Fork Valley residents pursuing health-related education.

**Eligibility**

- High school students/graduating seniors are not eligible to apply.
- AVMF does not fund scholarships for medical school education.
- Scholarship requests for reimbursement funding for retroactive courses will not be considered. Please plan your application submission accordingly with our deadlines.
- Applicants matriculating into a nursing program must provide a letter of acceptance with this application.

## 2010 Application Deadlines

- Tuesday, January 26<sup>th</sup>, 2010 3:00 p.m.
- Tuesday, April 20, 2010 3:00 p.m.
- Tuesday, July 6<sup>th</sup>, 2010 3:00 p.m.
- Tuesday, November 16<sup>th</sup>, 2010 3:00 p.m.

## Important Notes

If you wish to be considered for a scholarship, please complete, in full and in legible printing (typing or handwriting in black or blue ink), the attached application form and submit it along with a photograph of yourself (4x6 or smaller), prior to the deadline. A photocopy of a photograph is acceptable.

NOTE: Photographs become the property of AVMF and will not be returned. **PLEASE PROVIDE 5 COPIES OF YOUR APPLICATION (including the original).**

You may or may not be asked to interview with the committee as part of your application process, but you should be prepared for the possibility.

**Deadlines are strictly adhered to.** Applications received after the timed deadline will not be considered. Applications may be submitted by mail for arrival prior to deadline to: Aspen Valley Medical Foundation **PO Box 1639, Aspen, CO 81612**. (Postmarks are not considered.) Applications may be submitted in person directly or by courier to the AVMF office located within Aspen Valley Hospital: Aspen Valley Medical Foundation, **0401 Castle Creek Rd., Aspen, 81611**. *Applicants are highly advised **not** to leave applications with hospital personnel. AVMF will not be held responsible for applications not received directly.*

Selection of scholarship recipients is based on academic achievement, financial need, and commitment to the community. The amount of scholarship funds awarded will be determined by the AVMF Education Committee, comprised of AVMF board members, who will review all applications and make final decisions.

All scholarship applicants will be notified in writing of the committee's decision within four weeks following the deadline. Information regarding status of applications will not be available by phone.

Scholarship award checks are made payable to the educational institution, not the applicant, and mailed to the school for deposit into the student's tuition account.

If you have any questions, please call **Arna Einarsdottir, 544-7371**.

## APPLICATION INSTRUCTIONS

**Please read this section carefully.** All instructions must be followed in order to avoid disqualification. Applications submitted without the required attachments and signatures will not be considered.

1. Entire application must be completed in full and be typewritten or **printed** legibly in black or blue ink. Feel free to scan the attached application into your own word processing program, or retype the entire application form. However, the format we've outlined may not be altered. This application is available on our website to print out, [www.avmfaspn.org](http://www.avmfaspn.org), however, it cannot be completed online (due to circumstances beyond our control).
2. Submit your original, fully completed, one-sided application in full, on 8-1/2" x 11" paper only, with original, executed signatures and attachments (8-1/2" x 11" only). Please use only a paperclip or binder clip to bind your application to all attachments; **do not staple**; do not submit in any other format. We recommend you keep for yourself a photocopy of your entire application and attachments.
3. Copies of college transcripts must be included with the application. Transcripts do not have to bear the official stamp of the school; copies of transcripts and signed grade reports for the current semester are acceptable.
4. Please make 4 copies of your application (you can copy them on both sides) and include with your original application (total of 5 copies).
5. For nursing students, **a letter of acceptance to nursing program** must be submitted with the application.
6. For students enrolled in workshops/conferences/seminars, please include a clean, legible, single-sided photocopy of educational brochure (multiple pages are acceptable, provided entire set is one-sided and on 8-1/2" x 11" paper; do not include any attachments that are paper-sized other than 8-1/2" x 11"). Please use your best judgment in keeping your attachments to a minimum and attaching only what is pertinent to your application.
7. Do not include additional information that is not requested.
8. All signatures and attachments must be included when you submit your application package. AVMF will not accept signatures or documents after application has been received. Documents arriving without the application will not be considered.
9. If you would like AVMF to acknowledge receipt of your application, please enclose a stamped, self-addressed postcard with your application.

**ASPEN VALLEY MEDICAL FOUNDATION**  
**SCHOLARSHIP APPLICATION for INDIVIDUALS**  
**for**  
**MEDICAL AND HEALTH RELATED EDUCATION**

**Personal Information**

Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

**Type of Scholarship Requested**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Conference/Seminar/Workshop | <input type="checkbox"/> Undergraduate Program | <input type="checkbox"/> Graduate Program         |
| <input type="checkbox"/> Pre- Nursing                | <input type="checkbox"/> Nursing               | <input type="checkbox"/> Health-related/Technical |
| <input type="checkbox"/> EMT                         | <input type="checkbox"/> Paramedic             | <input type="checkbox"/> Other _____              |

**Educational Program Description**

Title \_\_\_\_\_

Content \_\_\_\_\_

Name of Educational Institution \_\_\_\_\_

Course Start Date and Duration \_\_\_\_\_

Course Location - City \_\_\_\_\_ State \_\_\_\_\_

Year in School:     Freshman     Sophomore     Junior     Senior

Expected Date of Graduation:    Month \_\_\_\_\_    Year \_\_\_\_\_

Type of Program:     AD     Baccalaureate     Diploma     Other (describe) \_\_\_\_\_

Type of School:     State     Private

Are you currently:     Full-time     Part-time    Number of credits currently taking \_\_\_\_\_

Number of credits you are planning to take: Spring 2010 \_\_\_\_\_ Summer 2010 \_\_\_\_\_ Fall 2010 \_\_\_\_\_ Winter 2010 \_\_\_\_\_

GPA (using a 4.0 scale) \_\_\_\_\_

**For Nursing Students Only**

*(This page may be omitted if not nursing student)*

Current School of Nursing \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dean \_\_\_\_\_ Phone \_\_\_\_\_

Area(s) of nursing practice you are interested in? (i.e. operating room, emergency room, critical care, nurse educator, etc.)  
\_\_\_\_\_

Other schools of nursing and/or colleges attended:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_ Degree earned \_\_\_\_\_ Year \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_ Degree earned \_\_\_\_\_ Year \_\_\_\_\_

**Reminder: A copy of your letter of acceptance to nursing program must be submitted with this application.**

**Expense/Income Worksheet**

(Expenses/Income related to application request)

Projected Expenses for the Coming Academic Semester

Total Single Semester Tuition/Course Fee \$ \_\_\_\_\_

*Fill in if applicable*

# of credits \_\_\_\_\_ Cost per credit hour \$ \_\_\_\_\_

# of credits \_\_\_\_\_ Cost per credit hour \$ \_\_\_\_\_

# of credits \_\_\_\_\_ Cost per credit hour \$ \_\_\_\_\_

# of credits \_\_\_\_\_ Cost per credit hour \$ \_\_\_\_\_

Financial Resources/Net Income

Books/Materials \$ \_\_\_\_\_  
Spouse's/Dependent's Tuition \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

Student's Wages, Tips, etc. \$ \_\_\_\_\_  
Spouse's Wages, Tips, etc. \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_  
Financial Assistance:  
Parents' Contribution \$ \_\_\_\_\_  
Grants/Scholarships\* \$ \_\_\_\_\_  
Loans\* \$ \_\_\_\_\_  
VA/GI Benefits \$ \_\_\_\_\_  
Social Security Benefits \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

Total Resources: \$ \_\_\_\_\_

Presently:  Rents  Owns Home  Lives w. Parents  In Dorm

\*List all grants/scholarships/loans you have applied for and/or received and dollar amounts for each:

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

Number of school age dependents \_\_\_\_\_

Are you currently serving in the Military?  No  Yes Indicate branch \_\_\_\_\_

Are there other family members attending college?  No  Yes

Amount you will personally contribute as it relates to this request: \$ \_\_\_\_\_

**Total amount you are requesting from AVMF: \$ \_\_\_\_\_**

## **Essay Questions**

On a separate page (two pages maximum) please answer all of the following questions:

1. Explain the importance of this educational experience to you, personally and professionally (100-150 words).
2. Describe how this experience will benefit your educational and career path.
3. Describe your commitment to live and work in the Roaring Fork Valley.
4. Explain your need for financial assistance.
5. Summarize your work experience and educational background.
6. Summarize your involvement in student, community and/or professional organization activities, and list any honors and awards.

**References/Signatures - REQUIRED**

**1. Academic Reference:** To be completed by AVH employee manager, school dean/director, current or previous course instructor, or their authorized representative. Please answer the following:

- ▶ Student's need for financial assistance:
  
- ▶ Student's academic abilities (including GPA and class standing):
  
- ▶ Student's contributions to AVH, the school, community, nursing:
  
- ▶ Other important factors you believe to be relevant to the student's application for financial assistance:

*I have reviewed entire application.* Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

**2. Employment Reference:** \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Personal Reference:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant's Certification:** *I believe myself eligible to apply for a scholarship administered by AVMF. I certify that all statements made in this application are complete and accurate. I understand that:*

- *Falsification in my application, transcripts or other attachments will disqualify my application.*
- *Failure to follow all instructions for completing the application will render my application incomplete.*
- *All selection committee decisions are final.*

*I authorize the Education Committee of AVMF to contact any and all listed above for a confidential reference.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***This Section for Aspen Valley Hospital Employees Only***

Department you are employed in \_\_\_\_\_ Job Status (FT,PT,PRN,Temp) \_\_\_\_\_

**ALL SIGNATURES REQUIRED**

*I have reviewed entire application and as of today's date, the employee is in good standing at AVH.*

**AVH Department Manager:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**AVH EMG Representative:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**AVH Human Resources Director:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_