



## ASPEN VALLEY MEDICAL FOUNDATION

### 2012 Medical and Health-Related Education Scholarships GUIDELINES and APPLICATION

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

#### 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.
- Apply for **only one semester** per scholarship cycle.
- Applicants matriculating into a nursing program **must** provide a letter of acceptance

#### 2012 Application Deadlines:

- |   |  |
|---|--|
| • Tuesday, January 24 <sup>th</sup> , 2012  | 3:00 p.m. (Awards for the Spring Semester) |
| • Tuesday, April 17 <sup>th</sup> , 2012    | 3:00 p.m. (Awards for the Summer Semester) |
| • Tuesday, July 10 <sup>th</sup> , 2012     | 3:00 p.m. (Awards for the Fall Semester)   |
| • Tuesday, November 20 <sup>th</sup> , 2012 | 3:00 p.m. (Awards for the Winter Semester) |

#### Important Notes:

If you wish to be considered for a scholarship, complete, in full and in legible printing (typing or handwriting in black/blue ink), the attached application and submit it before the deadline.

In addition, please submit **a photograph of yourself** (4x6 or smaller). Provide one original photo and the rest can be photocopies. NOTE: Photographs become the property of AVMF and will not be returned. **PLEASE PROVIDE 6 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 by AVMF.** 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 **Cristina Gair, 544-7375 or email at cgair@avmfaspn.org.**

**Application Checklist:**

**Submit 6 copies (1 original one-sided and 5 double-sided copies)**

- ✓ Cover Page
- ✓ Expense/Income Worksheet
- ✓ Essay Questions (typed on a separate sheet)
- ✓ References/Signature Page
- ✓ Transcripts (Does not have to be an official transcript)
- ✓ 1 Original photo and 5 photocopies
- ✓ Do not staple your application use a paperclip or binder clip

**For Nursing Students Only**

- ✓ Nursing Student Worksheet
- ✓ Letter of Acceptance to a Nursing Program

If any section is omitted, the application may not be considered.

**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. The entire application must be completed in full and be **typewritten** or **printed** legibly in black or blue **ink**.
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 5 additional copies of your application (please copy them on both sides) and include with your original application, which is not copied on both sides (**6 copies total**).
5. For nursing students, **a letter of acceptance to a 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 the 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.
10. If you have any questions, please call **Cristina Gair, 544-7375 or email at cgair@avmfaspn.org**.



# ASPEN VALLEY MEDICAL FOUNDATION

## SCHOLARSHIP APPLICATION FOR MEDICAL AND HEALTH-RELATED EDUCATION

### Personal Information:

Name \_\_\_\_\_ New Applicant \_\_\_\_\_ Returning \_\_\_\_\_

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 \_\_\_\_\_

School Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Year in School:  Freshman  Sophomore  Junior  Senior Expected Graduation Date (Month/Year) \_\_\_\_\_

Type of Program:  AD  AD Passage Rate \_\_\_\_\_  Baccalaureate  Diploma

Other (describe) \_\_\_\_\_  Online  Matriculation Rate: \_\_\_\_\_

Why did you select this program? \_\_\_\_\_

Type of School:  State  Private Enrollment:  Full-time  Part-time

Number of credits currently taking **this semester** \_\_\_\_\_ **GPA (using a 4.0 scale)** \_\_\_\_\_

Number of credits planned: Spring 2012 \_\_\_\_\_ Summer 2012 \_\_\_\_\_ Fall 2012 \_\_\_\_\_ Winter 2013 \_\_\_\_\_

**Expense/Income Worksheet**

Projected Expenses for the Coming Academic Semester

\_AVMF will contribute to **tuition and other appropriate-related expenses only.**

# of credits \_\_\_\_\_ Cost per credit hour \$ \_\_\_\_\_ *Fill in if applicable*

Total **Single Semester** Tuition \$ \_\_\_\_\_

(This amount should only reflect the semester for which you are applying.)

Course Fee: \$ \_\_\_\_\_

**Total Requested:** \$ \_\_\_\_\_

Additional Information

Number of School Age Dependents: \_\_\_\_\_

Are you currently serving in the Military?

No  Yes Branch: \_\_\_\_\_

Are any other family members attending college?

No  Yes

Presently:

Rents  Owns Home

Lives with Parents  In Dorm

Annual Financial Resources

Student's Wages, Tips, etc.: \$ \_\_\_\_\_

Spouse's Wages, Tips, etc.: \$ \_\_\_\_\_

Financial Assistance: \$ \_\_\_\_\_

Parents' Contribution \$ \_\_\_\_\_

Grants/Scholarships\* \$ \_\_\_\_\_

Loans\* \$ \_\_\_\_\_

VA/GI Benefits \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Other Income (specify): \$ \_\_\_\_\_

List all grants/scholarships/loans including dollar dollar amounts for each and specify whether you have applied only or have been awarded the grant/scholarship/loan.

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

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

Annual Expenses

Rent/Mortgage \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

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

Amount you will contribute per your Federal Application for Federal Student Aid (FAFSA): \$ \_\_\_\_\_

**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 received.

**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 \_\_\_\_\_

**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.**