

Criteria Checklist to be Signed and Dated by the Applicant

The Washington Health Service League offers:

- Two four-year scholarships totaling \$4000 each (\$1000 per year), renewable annually for students in health-related programs with a GPA of 3.0+.
- A one-time \$1000 scholarship for a qualified Washington Health volunteer.

Additional Information

- Applicants must ensure all materials are submitted by April 1st.
- Interviews for eligible candidates will be held in early May. Recipients will be notified of an award in late May.
- **Upon verification of enrollment**, a check will be sent to the Financial Aid office of the recipient's school.

1. **Affiliation Requirement with Washington Township Health Care District**

- ☐ Provide a document that proves you satisfy one of the following conditions:
- Student or immediate family is resident of Washington Township Health Care District (includes Fremont, Newark, Union City, and south of Industrial Pkwy Hayward) **OR**
 - Be a current volunteer at Washington Health. **OR**
 - Be enrolled in the nursing program at CSU East Bay, Chabot, or Ohlone College

2. **Educational Requirement**

- ☐ Bring proof of acceptance into an accredited school, college, or university offering a degree in a health-related field to your interview.

3. **Student Status Requirement:**

- ☐ Provide your most recent transcript.

4. **Community Contribution Requirement for Four-Year Scholarship**

- ☐ Must have contributed at least 100 hours of volunteer service or work in health-related field.

5. **Community Contribution Requirement for Anna Elola Scholarship:**

- ☐ Must have contributed at least 100 hours of volunteer service at Washington Health.

6. **Community Contribution Requirement for Memorial Scholarship**

☐ Must have contributed at least 100 hours of volunteer service or work in health-related field.

7. **Submit TWO Letters of Recommendation:**

☐ One from an academic teacher/counselor or employer.

☐ One from someone familiar with my volunteer or community service.

8. **Previous Scholarship History Requirement:**

☐ Must not have been previously awarded a WHSL health career scholarship.

9. **Application Deadline and Completeness:**

☐ I have submitted my completed application by April 1st.

☐ I have checked and ensured that I have met all criteria.

☐ I understand that an incomplete application will not be considered for scholarship.

☐ I understand that meeting the criteria and completion of the application are my sole responsibility.

☐ I affirm that I have provided truthful information in completing the application form.

Print Name

Signature

Date

Health Career Scholarship

First name	Middle Initial	Last name	Phone number
Address		City	State
Email address		Last 4 digits of Social Security #	

Current High School or College		Unweighted GPA	Weighted GPA
If working, place of work	Job Title	Hours per week	Dates

Name of school planning to attend in the fall _____

Major _____ Minor _____

What healthcare career do you plan to pursue? _____

What inspired you to study for a career in healthcare and what excites you most about your studies?
(limit 150 words)

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How do you plan to use your education and skills to contribute to the field of healthcare? (limit 150 words)

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Please provide another contact who can always reach you. It may be a relative, spouse or partner.

First name	Last name	Relationship	Phone number
Address		City	State

Honors/Awards Please list the most recent first. (Attach additional pages if needed.)

Honor/Award Name	Brief description of Honor/Award	Community or Academic Award?	Year received

School Activities (Attach additional pages if needed.)

Position, Activity or Organization	Responsibilities	Average hours/week	Total hours in Last two years

Volunteer Service--List healthcare experiences first (Attach additional pages if needed.)

Position, Activity or Organization	Responsibilities	Average hours/week	Total hours in Last two years

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of any information in connection with the foregoing that, in the sole judgement of Washington Health Service League, may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Washington Health Service League is concerned, understanding that the information will be used solely for the evaluating of my application for scholarship and for no other purpose."

Signature of applicant _____

Date completed _____

RETURN COMPLETED APPLICATION BY APRIL 1st TO:

Washington Health Service League
2000 Mowry Avenue
Fremont, CA 94538-1716
Attention: Scholarship Chairman