

**SENTARA VIRGINIA BEACH GENERAL HOSPITAL  
AUXILIARY HEALTHCARE SCHOLARSHIPS**

Dear Applicant:

Thank you for your interest in applying for a SVBGH Auxiliary Healthcare Scholarship. Please note that it is important that this application be completed in full so that we may give you the best opportunity to obtain assistance in your endeavor to further your healthcare career. Please review your application thoroughly before mailing to ensure consideration by the Scholarship Committee.

The application deadline is Monday, March 31, 2014. The Scholarship Committee will meet in April and winners will be notified via mail after this meeting.

Please mail your completed application to:

Chairman, Scholarship Committee  
Sentara Virginia Beach General Auxiliary, Inc.  
Sentara Virginia Beach General Hospital  
1060 First Colonial Road  
Virginia Beach, Va. 23454

We thank you for your cooperation in this application process and wish you continued success in reaching your educational goals.

Scholarship Committee  
SVBGH Auxiliary

Enclosures

SENTARA VIRGINIA BEACH GENERAL HOSPITAL AUXILIARY  
1060 FIRST COLONIAL ROAD, VIRGINIA BEACH, VA 23454

**HEALTHCARE SCHOLARSHIPS PROSPECTUS**

**General Information**

The Sentara Virginia Beach Hospital Auxiliary, Inc. has established a Healthcare Scholarship Fund available to all **bona fide** residents of the City of Virginia Beach. The types and amounts of each scholarship are listed below. Some preference in the selection process may be given to Sentara Virginia Beach General Hospital (SVBGH) employees and their children, SVBGH Volunteers, or to members of all Virginia Beach volunteer rescue squads. If the applicant is a SVBGH employee, both quality of work and scholastic records will be considered. If an applicant wishes to have financial need considered, he or she must attach to this application a letter outlining the circumstances. In all cases of ties, or other cases requiring such consideration, academic performance will be the deciding factor. The Scholarship Committee's decisions are final.

**Scholarships Available**

**1. \$4000 Professional School of Nursing Student**

Two scholarships of \$2000 each will be awarded graduates of a Virginia Beach High School who are in the top one third of their class and have been accepted into a nursing degree program offered at any of the Tidewater colleges or universities. Consideration will be given to those students attending a nursing school in another part of the state.

**2. \$6000 Eastern Virginia Medical School Student**

Two scholarships of \$3000 will be awarded to students attending Eastern Virginia Medical School (EVMS) to be used towards tuition, and/or books and equipment. The funds are sent directly to EVMS.

**3. \$2000 Allied Health Care Student**

Two scholarships of \$1000 each will be awarded to students accepted by a Tidewater area school offering an allied healthcare career (i.e. LPN, respiratory therapy, medical lab technician, etc.). The funds will be provided to the school prior to the start of the program to be used for tuition and/or books, equipment and uniforms.

**4. \$4000 Career Nursing Continuing Studies**

Two scholarships of \$2000 each will be awarded to students accepted by a Tidewater area school or hospital for a program designed to further a nursing career. The funds will be sent directly to the school prior to the start of the program and is to be used for tuition, books, and equipment.

**APPLICATION**  
**SENTARA VIRGINIA BEACH GENERAL HOSPITAL AUXILIARY**  
**HEALTHCARE SCHOLARSHIP**

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Student ID (If Applicable) \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

I certify that I am a resident of Virginia Beach and ENCLOSE a copy of my Virginia Driver's License or other ID with my Virginia Beach address.

Signature \_\_\_\_\_

**SCHOLARSHIP DESIRED**

Choose one program from those listed on the attached Prospectus:

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

**EDUCATION INFORMATION**

College \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_ GPA \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Class Rank \_\_\_\_\_ GPA \_\_\_\_\_ Honors, club memberships, offices held, etc. \_\_\_\_\_

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

**Note:** Official school transcripts are **REQUIRED**. Applications will **NOT** be processed without the transcripts. Resumes are desired but not required. Check items attached:

\_\_\_\_\_ High School Transcripts \_\_\_\_\_ College Transcripts \_\_\_\_\_ Resume

**IMPORTANT:** Verification of your current enrollment or your acceptance at a school is required. Please indicate which **SCHOOL** and give **NAME** and **PHONE NUMBER** of someone to verify this information.

School: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## CURRENT/MOST RECENT EMPLOYMENT

Company \_\_\_\_\_ Position \_\_\_\_\_

Dates \_\_\_\_\_ Supervisor Name/Phone \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_

Dates \_\_\_\_\_ Supervisor Name/Phone \_\_\_\_\_

## AFFILIATION WITH SENTARA VIRGINIA BEACH GENERAL HOSPITAL

Are You

1. A member of the SVBGH Volunteer Service? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. A SVBGH employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which department \_\_\_\_\_
3. The son or daughter of a SVBGH employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, employee's name \_\_\_\_\_
4. A volunteer of a Virginia Beach Rescue Squad? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If a past member, give squad location and dates \_\_\_\_\_

## CAREER GOALS

Please attach a brief essay of not more than 1,000 words, typed and double-spaced, in which you are to state your career goals. Include in your essay your reasons for choosing the healthcare profession. This essay must be presented with your application.

## FINANCIAL NEED

Please provide a statement justifying your need for financial assistance.

## AFFIDAVIT

I certify that the information provided on this application is current and complete. I further understand that if any information has been misrepresented, falsified or omitted, any offer of a Virginia Beach General Hospital Auxiliary, Inc. Healthcare Scholarship will be withdrawn without any obligation of liability on the part of the Auxiliary.

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

## MEDIA STATEMENT

If selected for a scholarship, I agree to have my name published. \_\_\_\_\_ yes \_\_\_\_\_ no