

**APPLICATION**  
**SENTARA PRINCESS ANNE HOSPITAL AUXILIARY**  
**HEALTHCARE SCHOLARSHIP**  
**High School Students**

**PERSONAL INFORMATION**

Date\_\_\_\_\_ Social Security Number\_\_\_\_\_

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\_\_\_\_\_

**EDUCATION INFORMATION**

High School\_\_\_\_\_ Year Graduating\_\_\_\_\_

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

**NOTE:** Official school transcripts are required. Applications will NOT be processed without them. Resumes are desired but not required. Check items attached:  
\_\_\_\_\_ High School 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 \_\_\_\_\_

### **REFERENCES**

Please provide two local character references that we may contact.

Name	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### **AFFILIATION WITH SENTARA PRINCESS ANNE HOSPITAL**

ARE YOU

1. A member of the SPAH Volunteer Service? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. A SPAH employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which department? \_\_\_\_\_
3. The son or daughter of a SPAH 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.

**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 SENTARA PRINCESS ANNE HOSPITAL AUXILIARY, INC. HEALTHCARE SCHOLARSHIP WILL BE WITHDRAWN WITHOUT ANY OBLIGATION OF LIABILITY ON THE PART OF THE AUXILIARY.

Signature\_\_\_\_\_Date\_\_\_\_\_

If selected for a scholarship, I agree to have my name published. \_\_\_\_yes \_\_\_\_no



# VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

Department of Curriculum and Instruction  
Office of Guidance Services and Student Records

## 2012-13 SCHOLARSHIP CENTRAL FORM

School: Ocean Lakes HS

Name: Kerry Sheehan Date: Feb 11, 2013

Scholarship Name: Sentara Princess Anne Hospital Auxiliary Scholarship  
(List in the following order: school specific; sponsoring agencies; name of scholarship)

Scholarship Contact: Diane Hartig

Web Address: \_\_\_\_\_

E-mail Address: phone number 468-3865

List Requirements/Eligibility:

Seniors planning to enter the medical field. Must have a 3.0 GPA, participation in  
extra-curricular activities and contribution to community services. There must be some

financial need. Essay required.

Amount (specific or range or TBD): \$ 3,000

No. of Scholarships: 2  
(Up to 11 or TBD)

Deadline (one specific date): 4/15/13

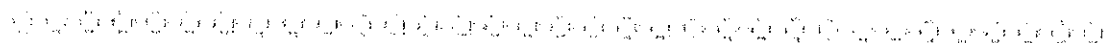
Type: \_\_\_\_\_ School Specific X General

GPA Required: X Yes \_\_\_\_\_ No

Financial Need: X Yes \_\_\_\_\_ No

Extracurricular/Community Service: X Yes \_\_\_\_\_ No

Minority: \_\_\_\_\_ Yes X No \_\_\_\_\_ N/A



Please send completed form with Scholarship Application for student to fill out to  
Nancy Hollingsworth at [Nancy.Hollingsworth@vbschools.com](mailto:Nancy.Hollingsworth@vbschools.com) or mail them to  
Nancy Hollingsworth, Office of Guidance Services and Student Records,  
641 Carriage Hill Road, Virginia Beach, VA 23452

Sentara Princess Anne Hospital  
Auxiliary Office  
2025 Glenn Mitchell Drive  
Virginia Beach, VA 23456  
February 4, 2013

Mrs. Kerry Sheehan  
Guidance Office  
Oceans Lakes High School  
885 Shumann Drive  
Virginia Beach, VA 23462

Dear Mrs. Sheehan,

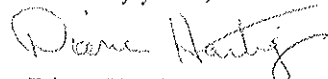
It is our pleasure to invite graduating seniors to apply for a scholarship in the amount of \$3,000. Our Auxiliary will award two scholarships to worthy students of the Virginia Beach City Public High School system entering the medical field. Our application form is enclosed and may be reproduced as needed, or additional forms will be supplied upon request.

The student who receives this scholarship must meet the following qualifications:

- (1) **Merit**, based on scholastic achievement, participation in extra-curricular activities, involvement in and contributions to the community services. The minimum GPA required is 3.0.
- (2) **Need**, based on family and financial concerns, as well as anticipated educational expenses.
- (3) **Graduating senior** from a Virginia Beach, VA public high school and accepted by a Virginia college or university.

Again, it is our pleasure to participate in the Scholarship Program and to award academic effort and achievement.

Sincerely yours,



Diane Hartig, Co-chairperson  
Scholarship Committee  
Phone (757) 468-3865

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**High School Students**

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

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 \_\_\_\_\_

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High School \_\_\_\_\_ Year Graduating \_\_\_\_\_

Class Rank \_\_\_\_\_ GPA \_\_\_\_\_ Honors, club memberships, offices held, etc.  
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A H E A D O F T H E C U R V E

*Department of Curriculum and Instruction  
Office of Guidance Services and Student Records*

## 2012-13 SCHOLARSHIP CENTRAL FORM

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Name: Virginia Beach City Union of Kings Daughters and Sons

*(List in the following order: school specific; sponsoring agencies; name of scholarship)*

Scholarship Contact: Stephanie Lyon

Web Address: \_\_\_\_\_

E-mail Address: stephanie@moremusicgroup.com

### List Requirements/Eligibility:

-Accepted into an accredited college, medical school or other health related post secondary program

-Minimum grade point average of 2.5

-Participation in school and community activities/organizations

-Interested in a health-related field

-Christian

\_\_\_\_\_

\_\_\_\_\_

Amount (specific or range or TBD): \$ 1000 \_\_\_\_\_ No. of Scholarships: 2 \_\_\_\_\_  
(Up to 11 or TBD)

Deadline (one specific date): 04/30/13

Type: \_\_\_\_\_ School Specific \_\_\_\_\_ General

GPA Required: \_\_\_\_\_ x Yes \_\_\_\_\_ No

Financial Need: \_\_\_\_\_ Yes \_\_\_\_\_ No

Extracurricular/Community Service: \_\_\_\_\_ x Yes \_\_\_\_\_ No

Minority: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ x N/A

**Please send completed form with Scholarship Application for student to fill out to  
Nancy Hollingsworth at [Nancy.Hollingsworth@vbschools.com](mailto:Nancy.Hollingsworth@vbschools.com) or mail them to  
Nancy Hollingsworth, Office of Guidance Services and Student Records,  
641 Carriage Hill Road, Virginia Beach, VA 23452  
641 Carriage Hill Road, Virginia Beach, VA 23452 757-263-6985/fax: 757-493-5437**