



Sentara Princess Anne Hospital
2025 Glenn Mitchell Drive
Virginia Beach, VA 23456

Phone: 757.507.1490
www.sentara.com

Auxiliary Services

February 25, 2014

Mr. Brian Miller
Guidance Office
Princess Anne High School
4400 Virginia Beach Blvd
Virginia Beach, VA 23462

Dear Mr. Miller,

The Sentara Princess Anne Hospital Auxiliary invites Virginia Beach High School graduating seniors planning on entering the healthcare field to apply for a \$3,000 Scholarship. This year we will be awarding four scholarships, each in the amount of \$3,000, to a deserving student.

This scholarship is merit-based and the student must be pursuing a course of study in the medical field. The student must be planning on attending a Virginia College or University and meet all other requirements stated in the enclosed application including proof of acceptance.

The enclosed copy of the 2014 Scholarship Application may be reproduced as needed. This year's application has been modified from past years so please make sure the student uses the current application. The Scholarship Application will also be made available at Scholarship Central on the Virginia Beach Schools website.

It is our pleasure to be able to award academic effort and achievement with a scholarship. If you have any questions, please contact me at SPAHScholarship@gmail.com.

Sincerely,

Robert Brooks
Scholarship Committee Co-chairperson

2014 Sentara Princess Anne Hospital Auxiliary Healthcare Scholarship Application

Due: Friday, April 11, 2014

Mail Application to: The Auxiliary of Sentara Princess Anne Hospital
2025 Glenn Mitchell Drive
Virginia Beach, VA 23456

Application may be delivered to the Information Desk in the Princess Anne Hospital Lobby

Application Must Be Typed or Printed

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 have enclosed 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 _____ Enclose Activity and Volunteer Record along with a copy of your first semester report card.

NOTE:

Official school transcripts are required in sealed envelope along with student's Activity and Volunteer Record plus a copy of First Semester Report Card and Employment History. Applications will NOT be processed without them. Check items attached.

_____ High School Transcripts _____ Activity and Volunteer Record plus Employment History

IMPORTANT:

Verification of your acceptance at a Virginia College or University is required. Please indicate which SCHOOL and give NAME and PHONE NUMBER of someone to verify this information. A copy of your letter of acceptance will suffice.

School _____

Name _____ Phone _____

REFERENCES

Please provide two local references. Letters of reference must be in sealed envelopes and submitted with this application. At least one must be from a recent teacher.

AFFILIATION WITH SENTARA PRINCESS ANNE HOSPITAL (SPAH)

Are you a past or current SPAH Volunteer? _____ Yes _____ No

The son or daughter of a SPAH employee? _____ Yes _____ No

If yes, employee's name _____

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