

ARMSTRONG COUNTY MEMORIAL HOSPITAL AUXILIARY

VOLUNTEER COLLEGE SCHOLARSHIP AWARD

Two one-thousand-dollar scholarships will be awarded annually to eligible ACMH volunteers who have served the hospital:

1. The applicant must have been accepted to a school for healthcare education; or
2. Is currently enrolled in college or an accredited health career related program.

The awards will be dispersed \$500 the first semester and \$500 the second semester for each recipient.

CRITERIA:

1. The applicant must have given at least 100 hours of volunteer service at ACMH.
2. High school seniors must enclose a copy of a letter of acceptance from a school of advanced education. College students must enclose proof of college enrollment.
3. The applicant must submit two letters of reference (teacher, community, or professional references; exclude family members).
4. The scholarship winners will be selected by a Scholarship Selection Committee composed of three auxiliary members and a representative of the Volunteer Services Department.
5. The Scholarship Selection Committee will consider the following:
 - ◆ Applicant's volunteer commitment to volunteerism and their ACMH volunteer attendance record
 - ◆ Scholastic standing
 - ◆ Performance evaluation by the volunteer's supervisor or other staff
 - ◆ Recommendation of school guidance counselor
 - ◆ Applicant's involvement in school and community activities
6. The completed application and all letters of reference must be turned in to the Volunteer Services Department by May 15 of each academic year.
7. If awarded an ACMH Scholarship Award, the check will be made directly to the college bursar's office.

**ARMSTRONG COUNTY MEMORIAL HOSPITAL
AUXILIARY**

VOLUNTEER COLLEGE SCHOLARSHIP AWARD APPLICATION

Name _____

Address _____

Phone _____ Birthdate _____

Name & address of parent or guardian _____

Name & address of high school _____

Anticipated graduation date _____

Program: Regular _____ Scholars _____ Honors _____
Class rank _____ QPA _____

Name & _____ phone no. of guidance counselor _____

Please list extracurricular activities, honors, and awards received (school & community) and the dates you were involved:

_____ College or
technical school where you have been accepted:

If you are a college student, please answer the following: Year _____ QPA _____

Name & address of school _____

Field of study _____

Please list an ACMH staff person who knows your work:

Name

Position

Hospital phone/extension number _____

On a separate sheet, please answer the following:

1. Discuss your career goals and reason(s) why you are applying for this scholarship.
2. How have you benefited from your volunteer experience at ACMH?
3. What changes can you suggest to improve the volunteer program at ACMH?

I verify that all information contained in this application is true and accurate. I agree that the decision of the selection committee is final.

Applicant's signature _____

Date _____

Application is to be returned to:

Volunteer Services Department
Armstrong County Memorial Hospital
One Nolte Drive
Kittanning, PA 16201

724-543-8142

Hospital website: www.acmh.org