DEERFIELD VALLEY HEALTH CARE VOLUNTEERS

SCHOLARSHIP APPLICATION 2010/2011

Deadline: May 1, 2010

Please fill out this form completely and accurately and return the form to the DVHCV Scholarship Committee, c/o Lynn Redd, 68 Stearns Ave., Wilmington, VT 05363.

For all high school/college students,

A copy of your school transcript MUST be attached to this application

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Full Name:_____

Last First Middle

Home Address:_____

Date of Birth:_____ Phone #:_____

Month/Day/Year

Email address:_____

Male:_____Female:_____

High School(s) attended:_____Year completed_____

College(s) attended:_____ Year completed_____

List any honors received:_____

_____

_____

Community Activities:

_____

_____

_____

Vocational ambitions:

_____

_____

Please name school(s) where acceptance has been received:

_____

_____

_____

Which school do you plan to attend?:_____

Major program of study:_____

Undergraduate:_____Graduate:_____

Yearly tuition:_____

What other expenses do you anticipate incurring?:

_____

_____

What other financial aid will you receive?:

_____

APPLICANT'S BACKGROUND INFORMATION:

Your status: ( )single ( )married ( )single, head of household: # of dependents in household_____

Applicant's income:
( ) under $10,000 ( )$10,000-$15,000 ( )$15,000-$20,000
( ) $20,000-$25,000 ( )over $25,000
Combined income:
( ) under $10,000 ( )$10,000-$15,000 ( )$15,000-$20,000
( ) $20,000-$25,000 ( )over $25,000

For high school grads/college students, please complete:

Father's name:_____Employer:_____
Mother's name:_____Employer:_____
#of and age of siblings:_____
Any other members of household currently receiving advance education?
_____How many?:_____

All applicants, please do the following:

On another piece of paper, please write a ***brief*** statement explaining why you have chosen to study a health related field/profession.

_____ _____
Date Signature

This application must be postmarked no later than May 1, 2010.

Thank you and good luck!