

SCHOLARSHIP APPLICATION

2017



Santa Clara Valley
WELLNESS FOUNDATION

Application Packet

Alan Peterson Scholarship for Health Care Education
For Santa Paula, Fillmore and Piru residents wishing to go
into the health care field.

I wish to apply for the

- Alan J. Peterson Scholarship for Health Education (*for graduating Seniors only*)

Submission Instructions

Complete one (1) original application. Make three (3) additional application packets by photocopying the completed original application packet (single sided, no back-to-back copies). Avoid disqualification, follow the instructions carefully.

Assemble each application packet in the following order:

1. Application Form - with sections 1 through 3 completed (print legibly or typed), signed, and dated.
2. Financial Aid Assistance Questionnaire - Section 3 completed, signed, and dated if you are applying for any scholarships requiring demonstration of financial need.
3. Two letters of recommendation – at least one from current faculty or professional supervisor. Letters should be done on letterhead, be signed, and dated within the past 6 months. Letters should attest to your achievements, character, promise, and any sustained community service observed. Ask for them unsealed if possible so you can photocopy them.
4. One essay of 700 to 750 words – (typed double-spaced, 1” margins) that you have written so the selection committee can get to know you better as a person and as a student. Include education and desire to pursue a career in healthcare. Your essay must state your intent to practice in Ventura County upon completion of studies.
5. Transcripts – complete transcript request form in your school’s Records Office well in advance of the date needed. Do not have transcripts mailed directly to the Foundation. You must pick the transcripts up from your school’s Records Office to include with your application packet. Request one additional Unofficial Transcript that you will use to make photocopies to include in each of the application packets you are submitting and one Official Transcript (sealed) that will be clipped to the top of all the completed application packets you are submitting. Only one official sealed transcript is required to apply.
6. Paper clip each application packet together (NO staples anywhere)
7. All application packets must be received no later than 5:00 pm on March 10, 2017. No faxes, emails, late, or incomplete applications will be accepted. **NO EXCEPTIONS!**

Deliver Packets To

Mail to:
Santa Clara Valley Wellness Foundation
P. O. Box 348
Santa Paula, CA 93061

OR Return to:
Guidance Office or School Career Counselor

Alan J. Peterson Scholarships for Health Care Education Overview

College Major/Area of Study:

Certified Nursing Assistant, Dental Hygienist, Emergency Medical Technician (EMT), Nursing, Occupational or Physical Therapy, Psychology/Counseling, Public Health, Radiology Tech, Social Work.

Student Profile:

Graduating high school seniors or high school graduates who have resided in the Santa Clara River Valley (Fillmore, Piru or Santa Paula, and the surrounded environs) for at least three (3) years, and are enrolling or enrolled in an accredited vocational school, community college, or four-year college or university who intend to earn a degree or certificate in an approved health field and then practice in Ventura county upon completion of their studies. Preferences will be given to those demonstrating consistent employment while in school. Applicants must demonstrate financial need.

Special Requirements:

Essay must state applicant's intent to practice in Ventura County upon completion of studies.

Average Award: \$1,000.00

Average # of Awards: 4

Renewable each year in school with proof of Attendance, grades, and continuation in a health Care field.

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FREQUENTLY ASKED QUESTIONS (FAQ)

What is the Santa Clara Valley Wellness Foundation?

The Foundation is a public charity dedicated to promoting the sustainability of the health and wellbeing of the people of the Santa Clara River Valley, through grants and scholarships.

What is the Alan M. Peterson Scholarship Fund?

The Peterson Scholarship Fund was established in memory of Dr. Alan M. Peterson, a physician who practiced in Santa Paula for many years, to support people from our communities who want to attain or strengthen their professional skills in healthcare, and who plan to practice their profession in our local communities.

What if I'm not a "straight A" student?

Apply! Scholarships are based on financial need or improvement year by year.

What if I'm not sure where I'll be going to school?

Indicate your preferences for schools on your application. This will not affect your eligibility for a scholarship as long as you continue to meet the specific scholarship guidelines. It is not advisable to apply for a scholarship to certain schools until you are certain of your school choice.

How do I know if I'm eligible?

Check the eligibility guidelines to see whether you are eligible for a Peterson Scholarship.

Note: Employees, volunteers or board members of Santa Clara Valley Wellness Foundation are not eligible. Individuals directly related to members of the scholarship fund's selection committee are ineligible for scholarships.

Is there a fee to apply?

No, there is no application fee.

Are the scholarships large enough to pay the full cost of my education?

No. In addition to applying for the Peterson scholarships, you should explore other financial aid resources such as federal and state grants, loans and work-study awards, as well as other scholarships available from the college itself. Your college financial aid office can put a complete financial aid package together. The Peterson scholarships are designed to help pay for the cost of books, and/or tuition.

Do I need to pay scholarship money back?

No. These are charitable grants that do not require repayment.

Who selects the recipients?

The Foundation's Scholarship Selection Committee consists of Foundation Board members and community members from Fillmore, Piru and Santa Paula. Final approval of awardees is the responsibility of the Foundation's Board of Directors.

What happens if I am selected as a scholarship recipient?

If you are chosen to receive a scholarship, you will be invited to an awards reception to celebrate your achievement and will have a chance to meet some of the donors who make these scholarships possible.

If I am selected as a recipient, how and when do I receive a check?

The scholarship funds will not be disbursed until you provide the Foundation with acceptable verification of your enrollment, after which the check will be mailed directly to your school.

SECTION 1

Name _____ Phone # _____
Last Name First Name M.I.

Address _____
Number & Street City State Zip
Last 4 of

Age ____ Sex ____ Email _____ Social Security # _____

I have resided in Fillmore, Piru or Santa Paula since (month/year) _____

Parent(s) or Guardian(s) Name(s): _____

What high school will you, or have you graduated from? _____

Phone #: _____

Name of School and City _____ Graduation
Date (Month/Year) _____

High School GPA (cumulative/un-weighted) _____

Other Secondary School(s) attended (Name/Dates Attended): _____

If currently attending college, provide the following:

Name of School & City, State Start Date _____

College GPA: _____

I am a college (check one): freshman sophomore junior senior

Graduating high school seniors & transferring community college students should list names of colleges/universities/trade schools you have applied to or plan to attend: *(List in order of preference; circle the schools you have been accepted by so far)*

Expected area of study or college major: _____

Test Scores (as applicable)

SAT: Total _____
Math _____ Critical Reading _____
Writing _____ ACT _____

AP Exams _____

SECTION 2

Print Applicant Name: _____

Use only the space provided here to list your school, community, volunteer, and/or work experience.

Include both start & end dates of involvement for school & community activities; note hours spent per week & weeks per year. Type or print clearly.

School Activities: List the extracurricular school activities in which you have participated during your high school years (or in college if you are now a college student). Please list activities in order of importance to you.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hrs Per Wk/Wks Per Year

Community Volunteer Activities: List the community, volunteer and/or religious activities in which you have participated during your high school years (or college as applicable). List activities in order of importance to you.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hrs Per Wk/Wks Per Year

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SECTION 2 (Contd.)

Print Applicant Name: _____

Work Experience: List any paid work experience you had during the past 3 years, beginning with most recent position.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hrs Per Wk/Wks Per Year

I attest that all of the preceding statements in this application are true.

Applicant Signature _____ Date _____

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Important Privacy Notice for Consumers

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with our Scholarship Committee, which is comprised of independent volunteers from the community. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law.

Your Consent

By signing this document below, you hereby grant permission to the Santa Clara Valley Wellness Foundation to share and disclose personal and financial information with the members of our Scholarship Committee. **If the applicant is under 24 years of age, both the applicant and parent/legal guardian must sign this form.**

Your consent will remain in effect until revoked or modified by you. You may revoke your consent at any time by providing the Foundation with written notice of your intent to revoke this consent. Santa Clara Valley Wellness Foundation will maintain this document or a true and correct copy thereof. You are entitled to a copy of this document upon request and may want to keep a copy of this document for your records. ***NOTE: If this consent form is unsigned, your application WILL NOT be considered.**

DATE:

Applicant (Print Name)

Applicant Signature

DATE:

Parent/Legal Guardian (Print Name)

Parent/Legal Guardian Signature

DATE:

Parent/Legal Guardian (Print Name)

Parent/Legal Guardian Signature

Section 3 (Contd.)

*NOTE: Your parents DO NOT have to sign this form IF you are an independent student age 24 or older. You may claim independent status only if you have (1) served in the military, (2) are a ward of the courts, (3) are married and living away from your parents, or (4) you have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years.

Consent for Publicity: (optional) If selected as a recipient of a scholarship administered by the Santa Clara Valley Wellness Foundation, I agree to allow my name and/or photograph to be utilized in news releases and publicity materials of the Santa Clara Valley Wellness. If applicant is a minor under the age of 18, parent/guardian must also sign this consent for publicity.

Student Signature and Date

Parent/Guardian Signature and Date

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Section 4

INCOME, EXPENSES, AND ASSET DATA

If you are a dependent student, have your parents complete this form using information from their most recent IRS Tax Return for the "Parent" column. Dependent students who have held jobs may include their income in the "student" column. You are a dependent student if you are under 24 years of age. If you are independent, information about you and your spouse (if applicable), not your parents, must be included. Figures should be taken from your most recent U.S. Income Tax Return.

You are an **independent** student if you are 24 years of age or older. If you are under 24, you may claim independent status only if you (1) served in the military, (2) are a ward of the courts, (3) are married and living away from your parents, or (4) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those years. I am a **Dependent / Independent** student (circle). If Independent, give reason # and explanation. (Documentation may be requested.)

Parent (or student as applicable) current marital status (circle):

Single Married Separated Divorced Widowed

	Student	Parent
1. Adjusted gross income (for YEAR:)	\$ _____	\$ _____
2. Untaxed income and benefits (child support, AFDC, SSI, etc.)	\$ _____	\$ _____
3. Total Income for Year (Add Items 1 + 2 above for Total)	\$ _____	\$ _____
4. Savings and investments (NOT real property, i.e., your home, or IRA or other retirement accounts)	\$ _____	\$ _____
5. Major medical expenses not covered by insurance List:	\$ _____	\$ _____

6. Total number of family members in the home	\$ _____	\$ _____
7. Total number of family members (including applicant) who will be attending college at least half time during the 2013-2014 academic year #	\$ _____	\$ _____

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CERTIFICATION

I certify that all the information on this form is true and complete to the best of my (our) knowledge. **If asked by any authorized official of Santa Clara Valley Wellness Foundation, I (we) agree to give documentation for information given on this form. I (we) realize that this proof may include a copy of a U.S. tax return and/or state income tax return.** I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving the scholarship.

Applicant signature

Date

Parent (or spouse if applicable) signature

Date