Are you interested in a career in the medical field?

Perhaps you qualify for our scholarship.

The Arnold Memorial Medical Scholarship

Offered by

Sutter Tracy Community Hospital Volunteers

The Sutter Tracy Community Hospital Volunteers award annual Scholarships to qualified applicants who meet the scholarship requirements and are a:

- Tracy area high school graduate or a Tracy resident
- Have gained acceptance into an accredited medical/nursing program

A one page or less typed letter telling us about yourself, financial situation and the reason why you should be awarded this scholarship to:

Sutter Tracy Community Hospital Volunteers
Scholarship Committee
1420 N. Tracy Blvd.
Tracy, CA  95376

Deadline to apply is June 13, 2014

Sutter Tracy Community Hospital is committed to meeting the health care needs of our community by providing our services with compassion, pride and excellence and by promoting a healthy community.
SUTTER TRACY COMMUNITY HOSPITAL VOLUNTEERS

TO SCHOLARSHIP APPLICANTS:

Before filling out this application form please read the following:

ELIGIBILITY

Anyone currently enrolled or accepted by an accredited school with intentions to pursue a health career curriculum in said college, university, or technical school might apply. Proof must be furnished when application is submitted.

The school to be attended need not be a California institution; however, the institution must be accredited by a regionally accredited association of schools and colleges and must offer courses in the health field.

Be a Tracy, California resident, or have graduated from a Tracy, California High School.

Applicants with 100 hours service as a Hospital Junior Volunteer will be given special consideration in the selection process.

TO BE ELIGIBLE, APPLICANT MUST FOLLOW ALL INSTRUCTIONS FOR THIS APPLICATION

PERTINENT FACTS

The Arnold Memorial Medical Scholarship will be awarded over a two semester period, based on the applicants continued schooling and desire to enter the health field.

Scholarship awards are to be applied toward tuition, fees, or books, and will be sent to the applicant’s address. Recipient must be taking at least 9 units per semester.

If a recipient drops out of school while the award is in effect or changes course of study, then the funds must be returned to Sutter Tracy Community Hospital Volunteers commensurate with the school year remaining.

At the end of the school period for which a grant was received, the recipient must submit a copy of their final quarterly or semester grade report to Sutter Tracy Community Hospital Volunteers. If a second installment of the scholarship award is to be paid, we must receive a current school printout showing future subjects to be taken the following semester.

Selection of recipients will be announced by August 1, 2014.

APPLICANTS RESPONSIBILITIES

Application must be made only on this form or a photocopy thereof.

To become eligible, you may drop off or mail your completed packet to Sutter Tracy Community Hospital Volunteers, Attn: Arnold Memorial Medical Scholarship, 1420 N. Tracy Blvd., Tracy, California 95376, postmarked by June 13, 2014. No late or incomplete applications will be accepted. For your application to be complete it must contain the following:

1. Letter about yourself and why you should be awarded this scholarship.
2. Two letters of recommendation. (One must be from someone in Healthcare; other can be from recent employer, counselor, instructor, Junior Volunteer Advisor, club/activity/student advisor, community or church leader, not a family member.)
3. High School or current college transcript.
4. Official proof of acceptance and enrollment from the educational institution you will attend.

Finalists may be contacted for a personal interview.
ARNOLD MEMORIAL MEDICAL SCHOLARSHIP APPLICATION
SPONSORED BY
SUTTER TRACY COMMUNITY HOSPITAL VOLUNTEERS

Information must be typed or printed legibly on this form only. Follow directions carefully and completely.

APPLICATION MUST BE RECEIVED AT SUTTER TRACY COMMUNITY HOSPITAL VOLUNTEER OFFICE, NO LATER THAN JUNE 13, 2014.

PERSONAL DATA

Name _____________________________ Age _________ DOB___________________
Social Security Number# ______________________________
Current address ____________________________ City __________________________
State ________________________________ZIP ___________ Phone (     ) ___________
Parent/Spouse/Guardian(s) name _____________________________________________________________
Current Address __________________________ City ___________________________
State ________________________________ZIP ___________ Phone (    ) ___________
How long have you lived at this address? __________________

EDUCATIONAL BACKGROUND

Name of High School

                                   Address ____________________________City __________________________
State _________________________________ZIP ___________ Phone (    ) ________________
Name, address and phone number of college/university attending or planning to attend in the fall

_____________________________________________________________________________________

Intended Major ________________________________________________________________________
Minor or area of specialization ________________________________________________________________________
Scholastic standing: GPA ________________

ACTIVITIES

Name of Hospital where you volunteered ____________________________________________
Name of Chairman or senior Advisor_____________________________________________________
Phone (     ) _____________________________
Volunteered from when ______________ to ______________
Total hours volunteered: __________________
Other volunteer and/or community activities:

Name of agency or institution: _______________________________________________

Supervisor: ______________________________ Phone (    ) ______________________

Total hours last two years: _________________

Please list any awards, honors, scholarships, etc. you have received:

________________________________________________________________________

________________________________________________________________________

Other activities and/or offices held (high school, community, college, and clubs)

________________________________________________________________________

________________________________________________________________________

Work experience:

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Qualifications and Goals:

What health career do you plan to pursue?

________________________________________________________________________

What qualifications do you possess that would help you achieve this goal? (100 words or less)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are your educational and occupational goals as they relate to the healthcare industry? (100 words or less)

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________
CONSENT FOR RELEASE OF INFORMATION

I hereby consent to the release of any information in connection with the Sutter Tracy Community Hospital Volunteers Scholarship Application. It is my understanding that the information will be used solely for the evaluation of my application for scholarship and that it becomes the sole property of Sutter Tracy Community Hospital Volunteers.

Signature of Applicant: ____________________________________________

Date completed: ___________________________________________________

RETURN COMPLETED APPLICATION POSTMARKED BY June 13, 2014 AND RECEIVED BY June 14, 2014 TO:

Sutter Tracy Community Hospital Volunteers
Attn: Chairman, Arnold Memorial Medical Scholarship Committee
1420 N. Tracy Blvd.
Tracy, California 95376

IMPORTANT NOTE: Winners will be announced and scholarships awarded as deemed timely by the Scholarship Committee of the Sutter Tracy Community Hospital Volunteers.

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