Auxiliary Scholarship Application

February 2020

Dear Scholarship Applicant;

Astria Sunnyside Hospital Auxiliary Health Career Scholarships will be awarded again this year to people pursuing careers in a health occupation. We are interested in supporting people who will return to Sunnyside and support our hospital and community by working here.

Applications can be downloaded from the Astria Sunnyside Hospital website: www.astria.health

The scholarships will be awarded for the 2020-2021 academic school year. The monies will be awarded directly to the recipient with proof of paid tuition, required school books and a grade of 3.0 or better for the completed quarter or semester beginning with the 2020-2021 academic school year. In other words, you would be reimbursed for your completed efforts.

Some of the stipulations in receiving the scholarship include:

• Recipients will be asked to volunteer a few hours at designated Auxiliary events throughout the 2020-2021 academic year.
• Recipients of the scholarships will be encouraged to apply for open positions at Astria Sunnyside Hospital in their field upon completion of their schooling.

Your completed application form, letter to the Auxiliary as specified, two recent letters of recommendation, transcripts of high school and/or college grades must be submitted to LuAnn Roach on or before Friday, March 27, 2020. Applications turned into someone other than LuAnn Roach may not make the deadline, and incomplete application packets will not be considered.

If awarded a scholarship, the check will be paid directly to the scholarship recipient upon completion of a quarter or semester beginning with Fall 2020. Proof of paid tuition, required school book receipts and a grade of 3.0 or better is required for the reimbursement.

Sincerely,

LuAnn Roach
Chairperson, Astria Sunnyside Hospital Auxiliary Scholarship Committee
P.O. Box 719 Sunnyside, WA 98944
(509) 839-3696
rlroach@embarqmail.com
Health Career Scholarship Application
Academic Year 2020-2021

Please Print
Full Name: ___________________________________________________________ Age: __________
Mailing Address: __________________________________________________ City: ______________
State: ______ Zip: _______ Phone: ______________________ Cell Phone: ________________
Email: __________________________________________________________ SS# ______-____-______
Occupation: ______________________________________________________________________________________

Education:
High School __________________________________ Year Graduated: __________
Advanced Education: ______________________________________________________________________________

List school activities in which you have participated: ____________________________ __________

What special honors or scholarships have you received or are due to receive?
____________________________________________________________________________________

If you do not receive this scholarship how will you pay for your education?
____________________________________________________________________________________

What is your choice of career?
____________________________________________________________________________________

What college do you plan to attend?
____________________________________________________________________________________

Hobbies: ________________________________________________________________________________ __________

If Dependent:
Father’s Name: ___________________________________________________________________________

Father’s Mailing Address: __________________________ City: ______________
State: ______ Zip: _______ Phone: ______________________
Father’s Occupation: __________________________ Highest Level of Education: ___________________
In a letter to the scholarship committee, not to exceed one written or typewritten page in length, please write about your reasons for choosing your career and school of choice, your plans upon completion of school, your financial situation, long-term goals, and any other information you might think is pertinent in helping the scholarship committee know you as an individual.

Enclose two recent letters of recommendation – one from a teacher or instructor who knows your academic work or an employer/coworker who can speak for your work ethic and one from a responsible person in the community who knows you well.

The application should be accompanied by a complete transcript of your high school record, including the first semester of your senior year (if you are currently a senior in high school). Also, if college credits have been earned, please include these current records.

Incomplete applications will NOT be considered for a scholarship, so please be complete and thorough with the application packet. Enclose all application material in one envelope postmarked on or before Friday, March 27, 2020 and send to:

LuAnn Roach
Scholarship Chairperson
C/O Astria Sunnyside Hospital Auxiliary Scholarship Committee
P.O. Box 719
Sunnyside, WA 98944

All information obtained throughout the application process will remain confidential.

Thank you
Scholarship Application Checkoff List

Enclose the Following Information: Completed

☐ Application

☐ Personal Letter to the Committee

☐ Two Recent Letters of Recommendation

☐ Current High School and/or College Transcripts Postmarked on or Before March 27, 2020 and Addressed to:

LuAnn Roach  
Scholarship Chairperson  
c/o Astria Sunnyside Hospital  
Auxiliary Scholarship Committee  
P.O. Box 719  
Sunnyside, WA 98944

Scholarship winners chosen for the 2020-2021 academic school year will be notified via mail by the first week of May and invited to attend the Astria Sunnyside Hospital Auxiliary’s Annual Installation Dinner.