

HEALTH SERVICES AGENCY VOLUNTEER SERVICES

Dottie Stevens Memorial Scholarship Fund Criteria

Policy:

Health Services Agency Volunteer Services will fund one or more Scholarships every year to college students. The amount and number will be determined each year by the Volunteer Services Executive Board and approved by the General Membership. The goal is to motivate students to continue their studies in health-related careers such as nurse, physician, physician's assistant, pharmacist and physical therapist, among others.

Criteria:

The applicant must:

- 1. Be a resident of Stanislaus County
- 2. Be attending a college or vocational school
- 3. Have a grade point average of 3.0 or above
- 4. Be pursuing a health-related career
- 5. Show proof of being enrolled in a college or vocational school
- 6. Have declared a major in a health-related field
- 7. Type or print application information

Scholarship Selection Committee:

- 1. Volunteer Services President
- 2. Director of Volunteer Services
- 3. Scholarship Chairperson

HEALTH SERVICES AGENCY VOLUNTEER SERVICES

Dottie Stevens Memorial Scholarship Fund Application

Ι, ͺ	I,, have re	ead and understood the
cr	criteria for the awarding of this Scholarship. I affirm	that I plan to pursue a
ca	career in a health-related field. I also affirm the info	rmation contained in
th	this application to be true and accurate to the best	of my knowledge.
Th	The due date for CSUS submission is March 31, 201	
	No applications will be accepted after th	at date.
1.	1. Name	
2.	2. Address	City
	StateZipPhone	
3.	3. Name of current school attending	
4.	4. Name of school planning to attend next term	
5.	5. MajorMinor (if applicab	le)
6.	Which health career field are you pursuing at thi	s time?
7.	7. G. P. A	
8.	8. Please list awards, honors and scholarships you	nave received:
		

Dottie Stevens Memorial Fund Scholarship Application – Page Two

L1. In 250 words or less (on a separate sheet of paper), tell us about your		educational and occupational goals as they relate to the health care field. Share anything else that is pertinent. Please print or type this information, put your name and date at the top right hand side of the page, and attach it to this application. Please attach two letters of recommendation.
LO. List all work related experience in the health care field:	11.	In 250 words or less (on a separate sheet of paper), tell us about your
LO. List all work related experience in the health care field:		
	LO.	List all work related experience in the health care field:
	9.	Please list your extracurricular activities: