

**AUXILIARY TO UNITED HOSPITAL CENTER  
SCHOLARSHIP AWARD GUIDELINES**

*IF YOU HAVE RECEIVED THIS SCHOLARSHIP BEFORE, THIS IS NOT THE  
CORRECT APPLICATION TO RE-APPLY. PLEASE LOCATE AND SUBMIT THE RE-  
APPLICATION.*

**CRITERIA:** This scholarship is based on financial need. This scholarship is for those who are pursuing a healthcare undergraduate degree. After financial need, other criteria considered are scholastic achievement, in-hospital volunteering, community service, leadership, character, and educational goals.

Based on these criteria, applicants with the highest overall scores may be interviewed by the Auxiliary to United Hospital Center Scholarship Awards Committee for final selection.

**FUNDING:** This scholarship project is funded through fundraising activities sponsored by the Auxiliary. Each scholarship is for one full year of full-time study providing that a 3.0 GPA is maintained each semester (semester and cumulative GPA). Any recipient **MUST RE-APPLY** for the scholarship in succeeding years while working toward an undergraduate degree.

**QUALIFICATIONS:** In order to be eligible for the scholarship, you *must*:

High School Seniors:

1. Pursue a degree in a *healthcare field*,
2. Have a cumulative grade point average of at least 3.0, and an ACT composite score of 21, and;
3. Have been accepted into a West Virginia institution that provides higher education at the undergraduate level in a health-related field.

College Students: (*If you have received this scholarship previously, please complete the Re-application form instead*)

1. Be pursuing a degree in a *healthcare field*,
2. Primary residence in West Virginia;
3. Have a cumulative grade point average in college of at least 3.0 per semester and cumulative,
4. Be attending a West Virginia institution that provides higher education at the undergraduate level in a health-related field.

**DUTIES OF THE STUDENT IF AWARDED THIS SCHOLARSHIP:**

1. The student must submit their grades to the Auxiliary at the end of the fall semester by January 15<sup>th</sup>, and must maintain at least a 3.0 grade point average (cumulative and semester) in order to continue to qualify for this scholarship and receive the second semester payment. **The scholarship will be forfeited if the Auxiliary does not receive your grades by January 15<sup>th</sup> or if GPA falls below 3.0.**
2. The Auxiliary will pay the educational institution directly, but in no event shall the Auxiliary pay more than \$2,000 per year (\$1,000 per semester). (Two (2)-year or Associate Degree students receive \$1,000 per year \$500 per semester.)

3. The student **MUST RE-APPLY** each year for this scholarship for the following year pending continuation of the required grade point average and concentration in a health-related field using the Re-Application Form.
4. Applications must reach the scholarship committee by **NO LATER THAN APRIL 25** of each year. **NO EXCEPTIONS.**

Notification will be mailed by May 15<sup>th</sup> to applicants.

Mail completed application and pertinent information to:

Auxiliary to United Hospital Center  
Attn: Ann Bramer Scholarship Awards Committee  
327 Medical Park Drive  
Bridgeport, WV 26330

**AUXILIARY TO THE UNITED HOSPITAL CENTER**  
**SCHOLARSHIP AWARD APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

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**EDUCATIONAL INFORMATION**

High School \_\_\_\_\_ GPA \_\_\_\_\_

Graduation Date \_\_\_\_\_

You may use additional sheets if necessary:

School Organizations and Offices Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Body/Class Activities and Offices Held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Honors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service to Community \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours have you volunteered at United Hospital Center? \_\_\_\_\_



**WORK EXPERIENCE**

List where you were employed and the dates you were there:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Sibling(s):**

<b>Name/Age:</b>	<b>Living at home?</b>	<b>Currently Attending College?</b>
_____	YES/NO	YES/NO
_____	YES/NO	YES/NO
_____	YES/NO	YES/NO
_____	YES/NO	YES/NO

Are you totally dependent on your parents? \_\_\_\_\_

Is financial aid necessary to continue your education? \_\_\_\_\_

**FUTURE PLANS**

What college or school in West Virginia are you attending? \_\_\_\_\_

What is/will your major field of study be? \_\_\_\_\_

*High Schoolers:* Have you been accepted to the school? \_\_\_\_\_

Will you be receiving any other scholarships? \_\_\_\_\_

If so, please list these scholarships and the amounts awarded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**REFERENCES**

Please list two professional references (teacher, employer, etc.) that have known you for at least 3 years that are not relatives and your school counselor or principal.

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Principal/Counselor \_\_\_\_\_ Address \_\_\_\_\_

**Application Requirements:\*\***

1. Letters from the two references listed above and a letter of recommendation from school/college principal/counselor.
2. Letter of acceptance from designated college or school or if already attending college, copy of your most recent transcript.
3. A copy of the last Federal Income Tax Return for your parents/guardians; yourself and your spouse (if applicable).
4. Copy of your ACT scores (if in high school).

**\*\*If any of the above requested items are not received, the application will be deemed null and void.\*\***

