

NORTH VALLEY HEALTH EDUCATION FOUNDATION 1380 East Avenue, Suite 124, PMB 377 Chico, CA 95926 A nonprofit organization dedicated to improving health through education. (530) 591-4161 www.NVHEF.org

Thank you for interest in and applying for our Butte College Marcus Whitacre – Endowed Scholarship. This scholarship application is intended for Butte College Paramedic students. Here is our timeline for your information and records.

The NVHEF proudly gives scholarships to students who have an intention of practicing in Northern California. We give preference to any student who has graduated from a high school in the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Siskiyou, Sutter, Tehama,

Trinity, Yolo, Yuba.

Applications Available - January 2024, via our website www.NVHEF.org

### All Applications and Supporting Documents, including reference letters, must be received by mail or via online application by February 29, 2024. Postmarks and hand delivered applications are not acceptable.

Applicant interviews will be scheduled for a week in March 2024, yet to be determined.

If you have any questions on the application, please contact us via email to contact@nvhef.org.

Should you be selected to receive the \$1,000.00 scholarship, you will be required to show proof of good standing in the program no later than **April 30, 2024**. If you have not submitted the proof of good standing by this date, you will no longer be entitled to your scholarship money. The scholarship will be funded to you after this proof is received.

## **ELIGIBILITY REQUIREMENTS**

- 1. Must be currently in good standing in all college course work and accepted into the Mobile Intensive Care Paramedic program.
- 2. Funds must be used for the 2023-2024 school year.
- 3. Must show evidence of financial need.



# BUTTE COLLEGE PARAMEDIC SCHOLARSHIP APPLICATION 2023-2024

PERSONAL INFORMATION	
Name:	Date:
Mailing Address:	
City, State, Zip:	
Email Address:	
Best Phone Number:	
ACADEMIC INFORMATION	
Other Colleges Attended:	
High School(s) Attended:	
ESTIMATED EXPENSES FOR 2023-2024 ACADEMIC YEAR	
Please use your institutions cost of attendance to estimate full time cost of a	ttendance for the 9 month academic year.
Tuition/Fees (Direct Costs Paid to College/University): \$	
Books/Supplies: \$	
Room/Board: \$	
Transportation: \$	
Miscellaneous/Personal: \$	
Child Care: \$	
All Other Expenses: \$ Please Describe:	
Total Expenses (should total expenses listed above): \$	



# ESTIMATED ASSETS/INCOME

Current Cash on Hand: \$	
Anticipated Scholarship Amounts: \$	
Anticipated Grants/Waivers for use on Fees/Tuition:	
Other Individual Assets (Trust Funds, Savings, 401k, Stock Accounts, etc.):	
Expected W-2/Work Income: \$	
Are there additional incomes, living with you, that contribute to your living and school expenses?	
Yes No	
If yes, how much is expected: \$	
Financial Support from Parents: \$	
Are your parents providing room/board? Yes No	
All Other Income \$ Please Describe:	
Amount of Any Repayable Loans to Date: \$	



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### **REQUIRED DOCUMENTATION**

Documentation must be received by the application deadline. Please limit responses for items 1 & 2 to two (2) pages total.

- 1. Statement of Your Education and Career Goals
  - a. Describe your education goals in the program/degree for which you seek this scholarship.
  - b. Be specific in describing how this educational program/degree will benefit both you and your community and, if applicable, your current employer.
  - c. What are your long-range education and career goals?
  - d. After completing your education, where, geographically, would you like to start/continue your employment?
  - e. Describe your ties to the local community.
- 2. Statement of Financial Need
  - a. Describe the financial circumstances which show your need for this scholarship.
  - b. What other efforts are you making to secure financial help to finance this educational program/degree?
- 3. Unofficial Transcripts from Colleges/Universities Attended. If none, please so state and this will be waived.
- 4. Verification Letter showing Proof of Enrollment/Good Standing in the program for which the scholarship will be used.
- 5. Two (2) letters of recommendation from instructors, one from a faculty member that has taught the student in the last two years and the second from a supervisor at work, faculty member or another professional. Letters from family are prohibited. Please be sure the persons you ask to write the letters will submit them by the deadline. The letters can be sent directly to the NVHEF mailing address or may be emailed directly to contact@nvhef.org. Letters must come from letter writers, letters received from applicant will not be accepted.

## **CERTIFICATION BY STUDENT**

I declare that all the information contained in this application and the supplemental application, including all attached documents and statements, is true and correct to the best of my knowledge. The North Valley Health Education Foundation has my permission to verify the information herein and to request an official copy of my most recent federal income tax return, if necessary. If approved for a scholarship, I agree to meet all the terms and conditions of the grant agreement:

- 1. Remain in the program for which the scholarship is granted.
- 2. Submit receipts for the registration fees paid.
- 3. Submit grade reports received for each quarter/semester funds are received.

The North Valley Health Education Foundation has my permission to access any and all information on my academic standing (including GPA), licensure pass rate, and job placement. (This information will be used for tracking purposes only.)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applications must be received via mail or online application with all required application materials, including attachments and verifications, no later than **February 29, 2024**. This is a firm deadline, no exceptions.