



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 a scholarship. This scholarship application is intended for current Enloe Medical Center employees furthering their medical education. 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 May 1, 2024.
Postmarks and hand delivered applications are not acceptable.

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

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

Checks for the scholarships are mailed:

If scholarship granted is \$1,500.00 or less, one check will be sent.

If scholarship granted is \$1,501.00 or more, checks are mailed each semester.

If selected, you will need to submit your grades and your class schedule for the next semester to receive scholarship money for the school year 2024-2025 by **September 30, 2024**.

If you have not submitted your paperwork by this date, you will no longer be entitled to your scholarship money. We recommend submitting your information by **September 1, 2024** for the first installment of checks. You can submit your paperwork to our mailing address or via email to contact@nvhef.org.

For the scholarship checks that are mailed each semester, you will need to submit your mid-semester grades prior to receiving the second check.



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ENLOE MEDICAL CENTER: CURRENT EMPLOYEE FURTHERING EDUCATION SCHOLARSHIP APPLICATION 2024-2025

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Best Phone Number: _____

ACADEMIC INFORMATION

Where or how will this scholarship be used: _____

City: _____ State: _____

Purpose/Degree/Program: _____

Expected Program Completion (Month, Year): _____

Other Colleges Attended: _____

High School(s) Attended: _____

ESTIMATED EXPENSES FOR 2024-2025 ACADEMIC YEAR

*Please use your institutions cost of attendance to estimate full time cost of attendance for the 9 month academic year.
Complete each item as applicable, mark NA if not applicable.*

Tuition/Fees (Direct Costs Paid to Program/College/University): \$ _____

Books/Supplies: \$ _____

Room/Board: \$ _____

Transportation: \$ _____

Miscellaneous/Personal: \$ _____

Child Care: \$ _____

Travel Expenses: \$ _____



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Hotel and Food Expenses: \$ _____

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.): \$ _____

How many hours do you work at Enloe Medical Center, per week: _____

All Other Income \$ _____ Please Describe: _____

Amount of Any Repayable Loans to Date: \$ _____

PREVIOUS NVHEF AWARDS

Foundation scholarship awards are normally limited to three (3) consecutive years. A fourth year might be considered in extenuating circumstances if it is necessary to complete a specific educational goal.

Have you received a prior scholarship from our foundation? Yes No

If yes, check which year(s): 2021 _____ 2022 _____ 2023 _____



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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. What are your long-range education and career goals?
 - c. Describe your ties to the local community and how this program/degree will benefit you, your community, and Enloe Medical Center.
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
 - a. Provide your current school transcripts.
 - b. If you are applying for a scholarship to use for a college degree program, please submit unofficial transcripts from colleges/universities previously attended.
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, one must be from your current Enloe manager. Letter writers must be a professional or educational relationship; 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 **May 1, 2024**. This is a firm deadline, no exceptions.