



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 seniors graduating high school, currently volunteering at Enloe Medical Center and are considering a medical career. 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: JUNIOR VOLUNTEER SCHOLARSHIP APPLICATION 2024-2025

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Best Phone Number: _____

ACADEMIC INFORMATION

College or University where Scholarship will be used: _____

City: _____ State: _____

Exact Name of Major/Degree: _____

Expected Program Completion (Month, Year): _____

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.

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): \$ _____



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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: \$ _____

REQUIRED DOCUMENTATION



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Documentation must be received by the application deadline. Please limit responses for item 1 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. After completing your education, where, geographically, would you like to start/continue your employment?
 - d. Describe your ties to the local community.
2. Unofficial Transcripts from High School
3. Verification Letter showing Proof of Standing and Hours Volunteered at Enloe Medical Center. This can be used as one of your reference letters.
4. Two (2) letters of recommendation. 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.