



1900 South Main Street  
Findlay, Ohio 45840

419.423.5342  
Fax 419.424.1357

[www.bvhealthsystem.org](http://www.bvhealthsystem.org)

February 12, 2020

Hello,

The Blanchard Valley Health System Auxiliary is offering a one-time \$1,000 scholarship to high school seniors pursuing a career in the medical field.

Would you be kind enough to share this with your students on our behalf?

The scholarship application is available online:

[www.bvhealthsystem.org](http://www.bvhealthsystem.org)

- Click Health Care Professionals
- Click Scholarships
- Click BVHS Auxiliary Scholarship

I've also enclosed a hard copy of the scholarship application.

Deadline to apply is April 15, 2020

Additionally, if you are not the correct contact person for this subject, thank you for forwarding appropriately.

Please let me know if you have any questions.

Thanks!

Heather Schalk, CDVS  
Volunteer Services Manager  
Blanchard Valley Health System  
Findlay, OH 45840  
[hschalk@bvhealthsystem.org](mailto:hschalk@bvhealthsystem.org)  
419-423-5342



# Auxiliary & Volunteer Services

BLANCHARD VALLEY HEALTH SYSTEM

## **Application Requirements:**

1. Applicant must be a senior in a Hancock County School, Findlay High School, Bluffton High School or Carey High School
2. Applicant must be ranked in the top 1/3 of their class
3. Applicant must be entering a Health related field of study
4. Recipients of this scholarship are expected to attend the Auxiliary's Annual Appreciation Banquet (invitation will be mailed to recipients).

## **Complete this application and attach the following:**

1. A letter of acceptance from their college of choice
2. Applicant's official High School Transcript (signed by Counselor or Principal)
3. Letter of Recommendation from a teacher (see "Evaluation of Student" on page 3)
4. Applicant's personal essay (see "Personal Statement" on page 3)
5. Resume or Summary of applicant's school and non-school activities (see "Resume/Summary of Activities" on page 3)
6. Application and required documents must be received by April 15

**Blanchard Valley Health System Auxiliary - Health Related Studies Scholarship Application**

1. Name in Full \_\_\_\_\_
  2. Mailing Address \_\_\_\_\_
  3. Parent/Guardian Name(s) \_\_\_\_\_
  4. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_
  5. Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_
  6. Name and Location of College \_\_\_\_\_
  7. Have you been granted admission? \_\_\_\_\_ (if yes, please attach acceptance letter)
  8. Planned major, course of study or degree? \_\_\_\_\_
  9. Length of time to complete degree/training \_\_\_\_\_
  10. Are you applying for additional scholarships? \_\_\_\_\_ (if yes, please list)  
\_\_\_\_\_  
\_\_\_\_\_
  11. Have you been notified by any other scholarship source that will receive grants for loans for the next year \_\_\_\_\_ (if yes, please list)  
\_\_\_\_\_  
\_\_\_\_\_
  12. Who will contribute the major portion of your financial obligations (parents, self, loans, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
  13. How much is your annual tuition and how much will you be paying?  
\_\_\_\_\_  
\_\_\_\_\_
- 

**Scholastic Record:**

*(To be completed by high school counselor)*

Please attach high school transcript, signed by counselor or principal.

1. Class rank per # of students in Class \_\_\_\_\_ Cumulative GPA \_\_\_\_\_
2. ACT Composite \_\_\_\_\_ SAT \_\_\_\_\_
3. PSAT \_\_\_\_\_ (National percentile ranking)

Signed \_\_\_\_\_ Position \_\_\_\_\_

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

High School Address \_\_\_\_\_

Guidance Counselor Name and Phone \_\_\_\_\_

**Evaluation of Student:**

*(To be completed by instructor in junior or senior year of school. Please include separate document)*

Please describe the student's abilities in academics, leadership, perseverance and any other areas in which they have excelled.

**Personal Statement:**

*(To be completed by applicant on a separate document)*

1. Why have you chosen a health related career?

**Resume/Summary of Activities:**

*(To be completed by applicant on a separate document)*

1. Include the non-school activities you've participated in; years of membership; offices held and outstanding activities in which you have participated as a leader
2. Include the school activities you've participated in; years participated and the offices held throughout your high school career (athletics, debate, drama, music, etc.)
3. Include all other activities not mentioned in the above which will more fully describe your past achievements

**Statement of Applicant, Parent or Guardian**

We have examined this application and the records are true, complete and accurate.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return (application and all documents) to:**

Jean Cindric  
118 First Street  
Findlay, OH 45840