



## 2010 APPLICATION

Before completing this application, all applicants must read the *Cover Letter and Instructions for 2010 Applicants*. <http://www.bchauxiliary.org>. All documentation and signatures **must** be attached to your application at the time of submission or the application will **not** be considered for an award. **Deadline for submission is March 19, 2010 by 4 pm into the BCH Volunteer Services Office, ATTN: Scholarship.**

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Please check the scholarship category for which you are applying (check one only). Attach this page to completed documentation:

- Graduating high school senior residing and attending a school within the Boulder Valley School District RE-2 who has been accepted as a full-time student by a Colorado college/university; BCH junior volunteer experience is preferred but not required. **(COMPLETE SECTIONS A, B AND E)**
- Graduating high school senior who is a child of current BCH employee who has completed 5 years of full or half-time (18-35 hrs/week) employment at BCH, and who has been accepted as a full-time student by a Colorado college/university. The school district is whichever district in which the BCH employee resides. **(COMPLETE SECTIONS A, B AND E)**
- Currently active BCH volunteer presently enrolled in a Colorado college/university who will continue to be enrolled at a Colorado institution of higher education and has completed a minimum of 200 BCH volunteer service hours. **(COMPLETE SECTIONS A, C AND E)**
- Employee of Boulder Community Hospital who has completed 2 years of full-time or half-time (18-35 hrs/week) employment at BCH and has been accepted at a Colorado college/university. Continuing education classes are excluded. **(COMPLETE SECTIONS A, D AND E).**
- Former BCHA scholarship recipient who desires to continue their human health care education at a Colorado college/university. **(COMPLETE SECTIONS A AND E. IF A CURRENT BCH EMPLOYEE, ALSO COMPLETE SECTION D)**

**SECTION A: To be completed by ALL scholarship applicant categories (please print clearly)**

**Personal Information**

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_  
Home Cell

**High school/college attendance:**

**School City & State Dates Attended Graduation (or anticipated) Date**

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**Financial Need**

Are there any unusual circumstances concerning your family and/or your financial situation that you would like to bring to the attention of the Scholarship Committee? (Attach separate page if necessary)

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If you are not awarded a BCHA scholarship, how will you finance your education?

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What paid work experience have you had in the past three years, list most recent first:

**Employer Dates Job Title Hours per week**

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Have you received BCHA scholarships in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the date(s) and the amount(s) received \_\_\_\_\_

Are you applying for and/or receiving other educational funds? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the source, the amount and duration: \_\_\_\_\_

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**What is your proposed and/or current major?** \_\_\_\_\_

**Community Activities (outside of work or school)** List activities and positions of leadership that you have had in school, community affairs, church, other: \_\_\_\_\_

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**BCH Volunteer Experience:**

Have you worked as a BCH volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, continue to answer the items below:

Volunteer Title (if have one) \_\_\_\_\_ Department \_\_\_\_\_

Start Date of Volunteering \_\_\_\_\_ Total Hours of volunteer service to date \_\_\_\_\_

Verification of start date and total hours by the BCH Volunteer Services Department:

Volunteer Services Department Rep. Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

**Section B: To be completed by graduating high school seniors residing and attending a school within BVSD RE-2 and those with BCH employee parent(s) residing in any school district. (Please print clearly)**

**Parent(s)/Guardian(s) Information**

Name _____	Name _____
Address _____	Address _____
Employer _____	Employer _____
Position _____	Position _____

**If parent(s) is a BCH employee(s), obtain HR Department signature verifying 5 years completed employment and that the employee is in good standing:**

_____	_____	_____
HR Department Representative <i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
If BCH, hire date _____	If BCH, hire date _____	

**College or University Chosen (all must be within Colorado)**

List below the college/university to which you have been accepted: (May list more than one)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is the cost of tuition per semester? (Excluding books, fees, room and board) \_\_\_\_\_

**SECTION C: To be completed by active BCH college volunteer with a minimum of 200 service hours**

Which Colorado college/university are you currently attending? \_\_\_\_\_

Do you plan to continue at this school? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not and what are your plans?

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

How do the courses you will be taking relate to your volunteer service and/or a future job with BCH?

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

**For completion by Department Supervisor:**

Comment on applicant's involvement within the department and whether or not this applicant would be a deserving recipient of a BCHA scholarship and why:

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

\_\_\_\_\_  
Supervisor's *Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**For completion by Volunteer Services Department:**

Please obtain a Volunteer Services Department signature verifying that you have completed the minimum 200 hours.

\_\_\_\_\_  
Volunteer Services Dept. Rep. *Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**SECTION D: To be completed by BCH Employees with 2 years of completed employment**

What is your initial hire date? \_\_\_\_\_ Hours worked per week \_\_\_\_\_ Current Job Title \_\_\_\_\_

Which Colorado college/university are you currently or planning to attend? \_\_\_\_\_

What is the cost of tuition per semester (**excluding books, fees, room & board**)? \_\_\_\_\_

Have you been accepted by this school? Yes \_\_\_\_ No \_\_\_\_ Will you be attending: Full-time \_\_\_\_ Part-time \_\_\_\_

How will the courses you will be taking relate to your job with BCH?

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List BCH activities in which you are involved:

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**To be completed by the employee's Department Director:**

❖ Did employee "Excel" in the most recent Service Quality Review? Yes \_\_\_\_\_ No \_\_\_\_\_

❖ Did employee "Exceed" in the most recent Encore! Values Review? Yes \_\_\_\_\_ No \_\_\_\_\_

❖ Comment on applicant's involvement in hospital activities and community service:

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❖ Comment on whether or not this applicant would be a deserving recipient of a BCHA scholarship:

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Verify the initial hire date for this employee and the number of hours worked per week by your signature below.

\_\_\_\_\_  
Director's *Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## SECTION E: Applicant's Certification

By signing this application and submitting it for consideration, you attest that you understand that if you are selected to receive a scholarship, the money would be given directly to the school of your choice to be used toward your tuition, *excluding books, fees, room and board*, and not to you as an individual. Any false statement would be cause for termination of this scholarship.

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*Printed Name of Applicant*

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*Signature of Applicant*

*Date*

If you are awarded a BCHA scholarship, do you grant permission to the BCHA to use your name and/or picture for public relations activities? *Yes* \_\_\_\_\_ *No* \_\_\_\_\_

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### REVIEW OF INSTRUCTIONS:

Your application is not complete for submission until signatures are obtained as indicated and the following information is attached to your application:

- Signatures have been obtained as required within the application.
- OFFICIAL TRANSCRIPT** from the latest academic year (only official transcript accepted, otherwise application will be denied)
- If FAFSA results are available, include those with the application.
- A one page essay addressing the health care education you have chosen to pursue and/or are continuing to pursue - how you arrived at your decision and how this scholarship will help you meet your goals. **Also, if you are a BCH employee**, discuss how your additional education will enhance your service to BCH; **if you are a BCH College Volunteer**, explain why your service to BCH makes you a deserving scholarship recipient.
- Two letters of recommendation from non-family members attesting to academic achievement and goals of the applicant. **Letters must be written and dated after January 2010 and contain the address, phone number and email address of the person writing the recommendation.**

*To be considered for an award,  
applications with ALL requested signatures and ALL documentation  
must be received by the*

**BCH Volunteer Services Office  
ATTN: SCHOLARSHIP**

**On or before March 19, 2010 by 4 pm**

*Mail:* PO Box 9019 Boulder, CO 80301-9019 *Deliver in person:* 1155 Alpine, Ste. 295, Boulder

**Questions?** Call the BCH Auxiliary Info Line, 303-440-2066