

The Boulder Community Health Ambassadors (BCHA), a volunteer organization devoted to supporting the hospital and the community it serves, is proud to offer the following *Human Health Care Scholarship Program*.

SCHOLARSHIP COVERAGE

- Scholarships are for human health care education at an accredited Colorado Institution.
- Go to this website, <http://higherred.colorado.gov/Data/InstSelect.aspx>, to check that your institution qualifies.
- Money awarded can be as much as \$4,000.
- 2018 awarded monies are for one academic year (June 2018 – May 2019).
- Tuition only; **excluded** are room, board and books.
- Scholarship awards are paid directly to the financial aid office of the institution attended.

ELIGIBILITY *BCHA scholarships may only be awarded a maximum of 4 times. A cumulative GPA of 3.0 is required of all applicants.*

- ❑ Graduating high school senior attending a school within the Boulder Valley School District RE-2 who has been accepted as a full-time student by an accredited Colorado Institution. **(Sections A and B)**
- ❑ Graduating high school senior who has been accepted as a full-time student by an accredited Colorado Institution and is a child of a current BCH employee, with over 2 years of full or half-time (18-35 hrs/week) employment at BCH. The school district is whichever district the BCH employee resides. **(Sections A and B)**
- ❑ Currently active BCH volunteer or current Junior BCH Volunteer (graduating high school senior) living outside Boulder Valley School District RE-2, who has completed a minimum of 150 BCH volunteer hours as of April 15, 2018 and has been accepted as a full-time student or presently enrolled at an accredited Colorado Institution. **(Section A, B & C if applicable)**
- ❑ Current employee of BCH who has completed 2 years of full-time or half-time (18-35 hrs/week) employment at BCH as of April 15, 2018, and has been accepted at an accredited Colorado Institution. Scholarship monies are contingent upon continued BCH employment during the 2018-2019 academic year. Continuing education classes are excluded. **(Sections A and C)**
- ❑ Any former BCHA scholarship recipient who desires to continue his/her human health care education at an accredited Colorado Institution. **(Section A, C if applicable)**

CRITERIA FOR AWARD SELECTION

Educational Achievement
Financial Need
Interview if applicable
Essay Content
Recommendations

REQUIRED PACKET CONTENT

The following documentation and signatures must be received prior to the application deadline or the application will not be considered for an award.

1. Signatures as required within the application.
2. Transcript from your most recent academic year (unofficial transcripts will be accepted, however we may request an official transcript after initial review of your application).
3. A one-page essay only (may be double-spaced). *Please title your essay.*
 - **First-Time Applicants address the following question:**
“How did you arrive at your decision to pursue an education/advanced degree in health care and how will this scholarship help you meet your goals?”
 - **All Other Applicants address the following question:**
“What is the most important practice, theory, attitude and/or responsibility a health care provider must bring to the care of his/her patients?”
4. Two letters of recommendation from non-family members. Letters must be written and dated on or after September 2017. Letters must contain the phone number or email address of the person writing the recommendation.

INTERVIEWS (for qualified applicants)

- Only first-time applicants and those who have received only one previous BCHA scholarship will be interviewed.
- All other applicants will be based solely on their completed application packet.

COMMUNICATIONS

All communication regarding application acceptance/non-acceptance will be via email. Interviews for qualified candidates will be scheduled via an online scheduling website. Applicants will be notified via email whether or not an award has been granted.

SCHOLARSHIP RECEPTION

Those applicants who receive an award will be honored at the Scholarship Reception that will be held at 4:45 pm on April 13, 2018 at the Foothills Campus. Family members are also invited.

**READ APPLICATION AND ALL INFORMATION CAREFULLY.
DEADLINE IS ENFORCED: NO EXCEPTIONS.**

Deadline for submission is **March 14th by 4 pm.**

To submit Application via email send to:

info@bchambassadors.org include all paperwork in one email in PDF format
or mail to

BCH Volunteer Services Office, ATTN: Scholarship, PO Box 9019, Boulder, CO 80301-9019.
or hand deliver to

1155 Alpine, Suite 100, Boulder, CO.

If you have any questions, contact us at info@bchambassadors.org.

SECTION A: To be completed by ALL scholarship applicants. (Print clearly in ink)

PERSONAL INFORMATION: *Print Clearly*

Name _____

Email _____ Phone # _____

Address _____
Street City Zip Code

Proposed or Current Major: _____

School Planning to Attend: _____

HIGH SCHOOL/COLLEGE ATTENDANCE:

School	City & State	Dates Attended	Graduation Date
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WORK EXPERIENCE:

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

Employer	Dates	Job Title	Hours/week
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COMMUNITY ACTIVITIES: (outside of work or school)

List activities and positions of leadership that you have had in the community.

SECTION A: continued

FINANCIAL NEED: Is there any information, regarding your financial situation, you would like to bring to the attention of the Scholarship Committee? Use separate paper if necessary.

Are you applying for and/or receiving other educational funds?
If yes, give the source, the amount and duration.

BCH VOLUNTEER EXPERIENCE:

Are you a current volunteer? _____ Total Volunteer Hours to date: _____

Verification of total hours by the BCH Volunteer Services Department:

Volunteer Services Dept. Rep. Signature

Date of Signature

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, not to you as an individual, to be used toward your tuition, *excluding books, room and board.* Any false statement would be cause for termination of this scholarship.

Printed Name of Applicant

Signature

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* _____

SECTION B: To be completed by High School Seniors ONLY. (Print clearly)

PARENTS/GUARDIANS INFORMATION

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Position _____

Position _____

IF PARENT(S) IS A BCH EMPLOYEE(S), OBTAIN HUMAN RESOURCE DEPT. SIGNATURE VERIFYING 2 YEARS COMPLETED EMPLOYMENT (as of April 13, 2018) AND THAT THE EMPLOYEE IS IN GOOD STANDING:

BCH Dept. _____

BCH Dept. _____

BCH Position _____

BCH Position _____

Hire date verification _____

Hire date verification _____

HR Dept. Representative *Printed Name*

Signature

Date

SECTION C: To be completed by BCH Employees with 2+ yrs of completed employment as of April 13, 2018.

Initial hire date? _____ **Hours worked /week** _____ **Current Job Title** _____

Obtain HR Dept. signature verifying above information:

HR Dept. Representative *Printed Name*

Signature

Date

List BCH activities in which you are involved: