

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://highered.colorado.gov/Data/InstSelect.aspx>, to check that your institution qualifies.
- Money awarded can be as much as \$4,000.
- 2019 awarded monies are for one academic year (June 2019 – May 2020).
- 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 1, 2019 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 1, 2019, and has been accepted at an accredited Colorado Institution. Scholarship monies are contingent upon continued BCH employment during the 2019-2020 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 has impacted you this year in your studies regarding health care issues as a future healthcare professional?”*
4. Two letters of recommendation from non-family members. Letters must be written and dated on or after September 2018. 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 19, 2019 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 15<sup>th</sup> 2019 by 4 pm.**

**DEADLINE MUST BE STRICTLY ADHERED TO: NO EXCEPTIONS**

**To submit Application via email send to:**

**[info@bchambassadors.org](mailto:info@bchambassadors.org)** include all paperwork in one email in PDF format  
**or mail to**

BCH Volunteer Services Office, ATTN: Scholarship, PO Box 9047, Boulder, CO 80301-9047.  
**or hand deliver to**

4715 Arapahoe Avenue, Suite G-30

**If you have any questions, contact us at [info@bchambassadors.org](mailto: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:**

<b>School</b>	<b>City &amp; State</b>	<b>Dates Attended</b>	<b>Graduation Date</b>
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**WORK EXPERIENCE:**

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

<b>Employer</b>	<b>Dates</b>	<b>Job Title</b>	<b>Hours/week</b>
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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:*

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*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.

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*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 1, 2019) 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 1, 2019.**

**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:**