



2021 APPLICATION

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*.

This year's awards and amounts will be limited due to decrease in revenue from our funding sources.

SCHOLARSHIP COVERAGE

- Scholarships are for human health care education at an accredited Colorado Institution.
- Visit, <http://higher.ed.colorado.gov/Data/InstSelect.aspx>, for qualifying institutions.
- 2021 awarded monies are for one academic year (June 2021 – May 2022).
- Tuition only; **excluded** are room, board and books.
- Scholarship awards are paid directly to the financial office of the institution attended

WHO CAN APPLY *Cumulative GPA of 3.0 required. BCHA scholarships may only be awarded a maximum of 4 times.*

******Graduating high school senior attending a public or private school within the boundaries of 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, 2021 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, 2021, and has been accepted at an accredited Colorado Institution. Scholarship monies are contingent upon continued BCH employment during the 2021-2022 academic year. Continuing education classes are excluded. **(Sections A and C)**

******Former BCHA scholarship recipient who desires to continue his/her human health care education at an accredited Colorado Institution. **(Section A, C if applicable)**

SCHOLARSHIP SELECTION

Our scholarship committee evaluates submitted applications and selects recipients. The selection process is competitive and award offers are not guaranteed. Applications are reviewed holistically and selection criteria may include, but are not limited to, academic record, essay, financial need, and letters of recommendation.

REQUIRED PACKET CONTENT - submit all together

**Signatures as required within the application.

**Transcript from most recent academic year (unofficial transcripts will be accepted, however we may request an official transcript after initial review of your application).

**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:

“Why do you wish to receive a BCH Ambassadors Scholarship award?”

**Two letters of recommendation from non-family members. Letters must be written and dated on or after September 2020. Letters must contain the phone number and email address of the person writing the recommendation.

COMMUNICATIONS

All communications will be via email. If additional information is needed, applicant will be contacted.

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

Deadline for submission is **March 26th 2021 by 4 pm.**

Submit Complete Application via email to:

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.

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

Name _____

Email _____ Phone _____

Address _____

Proposed or current major: _____

School Attending: _____ Yearly cost of tuition _____

HIGH SCHOOL/COLLEGE ATTENDANCE:

School	City & State	Dates Attended	Graduation Date
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WORK EXPERIENCE: *Paid work experience in past three years, list most recent first:*

Employer	Dates	Job Title	Hours/week
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COMMUNITY ACTIVITIES: *Activities & positions of leadership in the community outside of work or school*

SECTION A: continued

FINANCIAL NEED: *How will you finance your education? Is there any information, regarding your financial situation, you would like to bring to the attention of the Scholarship Committee? All information is held in confidence. Use separate paper if necessary.*

List other scholarships, grants, loans you are applying for, with amount & 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 employment (as of April 1, 2021) 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, 2021. Obtain HR Dept. signature verifying information.

Initial hire date? _____

Hours worked /week _____

Current Job Title _____

HR Dept. Representative *Printed Name*

Signature

Date

List BCH activities in which you are involved: