



The
Auxiliary of the Sentara Williamsburg Regional Medical Center
(ASWRMC)
is pleased to provide funding for
SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS
who will pursue a career in **healthcare**.

Applicants must meet one of the qualification criterion below:

- A. Reside in or attend a high school in the SWRMC Service Area*, OR**
- B. Active participant in the SWRMC Junior Volunteer Program, OR**
- C. A parent is a current SWRMC employee.**

All applicants must also:

- **Complete the scholarship application**
- **Provide all required documentation**

APPLICATIONS ARE DUE BY APRIL 13TH AT THE ADDRESS BELOW.
NOTE: IT IS THE APPLICANT'S RESPONSIBILITY
TO ENSURE THE COMPLETED APPLICATION PACKAGE
IS RECEIVED AT THE AUXILIARY ADDRESS BELOW BY APRIL 13TH.

Mail to:
Auxiliary of SWRMC Scholarship Chair
P.O. Box 6841
Williamsburg, VA 23188-5230

* The eligible SWRMC Service Area is defined by ZIP Code. Please see Attachment 1 of these instructions to confirm that you either reside in or will graduate from a high school in one of the SWRMC Service Area ZIP Codes. Generally, the Service Area includes all, or a portion, of the City of Williamsburg and Counties of Charles City, Gloucester, James City County, King and Queen, King William, Mathews, Middlesex, New Kent, and York.

Refer any questions to Sarah Wood or Scottie Boyd, ASWRMC Scholarship CO-Chair, at aswscholarships@gmail.com or call [984-7195](tel:984-7195)

Form revised February 2018; previous versions will NOT be accepted.

Below are the ZIP Codes in the SWRMC Service Area.

Graduating School Seniors who apply for an Auxiliary of SWRMC scholarship must

- Reside in or attend a high school located in one of these ZIP Codes, OR**
- Actively participate in the SWRMC Junior Volunteer Program, OR**
- Be the child of a current SWRMC employee**

22447		23061		23118		23168
23001		23062		23119		23169
23003		23064		23122		23175
23011		23066		23124		23176
23013		23068		23125		23177
23016		23070		23127		23178
23017		23071		23128		23179
23018		23072		23130		23180
23020		23073		23131		23181
23021		23076		23133		23183
23023		23079		23136		23184
23025		23080		23137		23185
23028		23081		23138		23186
23030		23085		23140		23187
23031		23086		23142		23188
23032		23087		23147		23190
23035		23088		23149		23191
23037		23089		23154		23402
23041		23090		23155		23428
23043		23091		23156		23490
23044		23092		23157		23491
23045		23107		23158		23690
23048		23108		23161		23691
23050		23109		23163		23694
23056		23110		23165		
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**Auxiliary of the Williamsburg
Regional Medical Center
(ASWRMC)**

**High School Healthcare
Scholarship Application**

Form revised February 2018; previous versions will NOT be accepted.

Please type or print legibly. Spell out all acronyms the first time they are used.

Date _____

Name _____

Address (Street) _____ (City) _____ (ZIP) _____

Telephone (H) _____ (C) _____ Prefer a text? Yes or No

Permanent Email Address _____

QUALIFICATION CRITERION (check all that apply)

- Reside in or attend a high school located in one of the SWRMC Service Area ZIP Codes, OR
- Active participant in the SWRMC Junior Volunteer Program, OR
- A parent is a current SWRMC employee

If actively participating in the SWRMC Junior Volunteer Program, provide inclusive dates _____

If parent is a current employee of SWRMC, provide parent's name _____

High School _____ High School ZIP _____ Date of Award Ceremony _____

Name of HS Advisor _____ Telephone _____ Email: _____

G.P.A. (**Current Transcript Is Required**) _____ Intended Course of Study _____

Colleges Applied to: 1) _____

2) _____

3) _____

Anticipated Enrollment Date: _____

**Please remember, it is your responsibility to ensure your application, transcript,
and letters of recommendation are complete and received by April 13th.**

Name _____

Each numbered criterion below will be scored. If the applicant does not address it, he/she will receive no points for that criterion. You may submit comments on a separate piece of paper (include complete name at the top of page).

- 1. For each of the following activities, describe the organization, your role, and how you contributed. Also estimate the number hours you contributed annually and number of years you have participated (i.e., 2 years, 50 hours/year), for each activity:
 - 1A. School Extracurricular Activities
 - 1B. Community Volunteer Activities
 - 1C. Junior Volunteer Activities in a healthcare facility (i.e., SWRMC, other hospitals, hospice)
- 2. Briefly describe one of your projects and its results.
- 3. List any Honors and Awards and the date received.
- 4. If applicable, articulate how you have demonstrated courage and determination to meet your goals while facing and overcoming a difficult situation.
- 5. Describe your goals in healthcare, in essay format. How do you plan to achieve your goals? (Please limit this criterion to one typed page; include your name at the top of the page.)
- 6. Include three signed and dated letters of recommendation (from teachers, counselors, or employers who will address your academic achievements and healthcare goals).

*I certify that the information provided is accurate and complete in every respect.
I understand that providing inaccurate or misleading information is grounds for
forfeiture of any scholarship benefit.*

Signature _____ Date _____

Please submit application package to:
Auxiliary SWRMC Scholarship Chair, P.O. Box 6841, Williamsburg, VA 23188-5230

Remember, it is your responsibility to ensure your application, essay, transcript, and letters of recommendation are complete and received by April 13th.