



## Inova Fair Oaks Hospital Auxiliary: 2019 Scholarship General Information

#### The Inova Fair Oaks Hospital Auxiliary will award eight scholarships of \$3,000 each for the academic year.

**Purpose:** Our objective is to provide financial assistance to those students pursuing or continuing education in a clinical healthcare field through the award of scholarship funds. The Inova Fair Oaks Auxiliary would like to encourage continuing education in medically related fields among persons in the community and those associated with Inova Fair Oaks Hospital. The programs of study may include, but are not limited to: pre-med, radiation technology, laboratory technology, pharmacy, nursing, health nutrition, rehabilitation and allied health fields.

**Eligibility:** To be considered for this scholarship, applicants must:

- 1. Be a U.S. citizen and intend to pursue or continue their education in a clinical healthcare related field at an accredited college, university or vocational school.
- 2. Be at least **one** of the following:
- A resident of Fairfax County or work in Fairfax County
- A Fairfax County graduating high school student
- A current employee of Inova Fair Oaks Hospital (IFOH)
- A family member of a current employee of Inova Fair Oaks Hospital
- An Inova Fair Oaks Hospital volunteer

<u>For Employees</u>: Inova Health System Employees must exhaust 2018 tuition assistance provided by the Inova Health System before receiving scholarship funds from the Auxiliary. Please supply verification by logging onto your account with the Inova Education Assistance Program at https://inova.tap.edcor.com. On the home page that opens up, check your tuition assistance balance in "Your Account Information" box on bottom right side of page. Total benefits and benefits remaining are shown. A print screen of this information is acceptable.

Inova Dates of Employment _	Current Inova Facility	

Current Position: \_\_\_\_\_ Full Time / Part Time (circle one)

Previously selected winners may also apply. A scholarship may be awarded a maximum of twice to the same individual.

**Scholarship Selection Process:** Applications which are <u>complete and are submitted by the required deadline</u> will be evaluated by the Auxiliary Scholarship Committee according to the following criteria:

- Proof of US citizenship.
- An intention of continuing or pursuing a degree program in a clinical healthcare-related field.
- Participation in extracurricular activities, community service and/or continuing programs (high school/college courses, seminars, classes, workshops).
- Two letters of recommendation.
- Written essay limited to 300 words or less, to include how this scholarship will assist in attaining your goals.
- A written statement of financial need.
- Transcript of current education courses.

Notification of selection will be made to the awardees/finalists no later than Monday, April 1, 2019.

- Semifinalists will be required to participate in a short personal interview with members of the IFOH Auxiliary Scholarship Committee at Inova Fair Oaks Hospital on Friday, March 29, 2019.
- Finalists will be presented their awards at the IFOH Auxiliary Luncheon on Sunday, April 7, 2019.

Scholarship money may only be used for course related expenses (books, tuition, fees, and computers). Any other use may be considered taxable income. The committee will also be charged with the responsibility of deciding the distribution and allocation of funds as well as the terms and conditions of the award.

# Scholarship Applications are to be <u>received</u> by mail or hand delivery to the IFOH Volunteer Express office

no later than 4:00 p.m. on Friday, March 01, 2019

No telephone inquiries regarding status will be accepted. Applicants will be notified by email of receipt of application.





### Inova Fair Oaks Hospital Auxiliary: 2019 Scholarship Application Please complete this form and submit with your completed application packet

Name:(Last)	(First)		
(Last)	(First)	(MI)	
Address:			
Street	City	State	Zip Code
Iome phone:	Cell:	Email:	
Provide the name of your school o	r educational institution, if applicat	ble:	
List up to three educational institu	tions to which you have applied, or	final choice, if known:	
What is your intended program of	study?		
Please list all scholarships and gra	nts you have applied for:		
2. Your essay	ur birth certificate or passport, whic		you.
3. Need	ompleting your education. Limit 30 and assist you in		financial obligations
4. Extracurricular Activities		in meeting your academic	inialicial obligations.
	ion programs, honors, activities or c	community service in whi	ch you have participated during the
1 2	tters by a Supervisor or Sponsor	- Enclose each one in a se	ealed envelope with this application
Name:	Title/Position:		Contact #:
Name:	Title/Position:	Co	ontact#:
6. Transcript of course grad	es from last education program.	This must have school se	eal.
- 0	y: Supply verification that 2018 tu		
	oyment and current position.		
The completed application	at must be received up later than	4.00 nm Enidor March	01 2010
	et <u>must be received</u> no later than d (not postmarked) by the deadline a		
	d (not postmarked) by the deadline a n time will be considered for this sc		<u>ents</u> . Without exception, only

### Mail to: IFOH Auxiliary Scholarship Chairperson, Volunteer Services, 3600 Joseph Siewick Drive, Fairfax, VA, 22033.

Please acknowledge that you have read and understand these requirements by signing below: