Healthcare Scholarships

As part of our commitment to support quality healthcare for our community, the Auxiliary of Inova Fairfax Hospital offers healthcare scholarships to students graduating from high schools located in Fairfax County (including Fairfax County residents who are home-schooled) who have been accepted for a full-time undergraduate course of study in a healthcare-related field by an accredited two-or four-year college, university or vocational/technical school. Note: High school seniors who have volunteered at Inova Fairfax Hospital in any session since May 1, 2019, are eligible regardless of their residence or school location.)

Award

These one-time \$4,000 scholarships are awarded to encourage students to pursue healthcare-related careers. Awards are to be used in full within one year.



Auxiliary of Inova Fairfax Hospital P.O. Box 487 Merrifield, VA 22116 P 703.776.6106

For quesitons: fairfaxvolunteer@inova.org inova.org/auxiliaryIFHscholarship

Healthcare Scholarships



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Eligibility

- 1. Applicants must be graduating seniors at a public or private high school located in Fairfax County or Fairfax County residents who are home-schooled. Note: High school seniors who have volunteered at Inova Fairfax Hospital in any session since May 1, 2019, are eligible regardless of their residence or school location.
- 2. Applicants must have been accepted to a full-time undergraduate course of study in a healthcare-related field at an accredited two- or four-year college, university or vocational/technical school. A letter of acceptance is required with the application.
- **3.** Applicants must have an accredited grade-point average of 3.0 or higher on a 4.0 scale.

Application Procedure

Applicants may submit their applications and supporting documents either electronically or via mail. The submission deadline is May 1, 2020. *Note: If sending via mail, documents must be postmarked by May 1.*

If you wish to submit the application and supporting documents electronically, please:

- Visit inova.org/auxiliarylFHscholarship, and complete the online application.
- Email the required supporting documents to fairfaxvolunteer@inova.org

If you wish to submit the application and supporting documents by mail, please:

- Complete and sign the application form included in this brochure, or download the form at inova.org/auxiliarylFHscholarship.
- Return the completed hard-copy application and all related materials to:

Auxiliary Scholarship Committee Auxiliary of Inova Fairfax Hospital P.O. Box 487 Merrifield, VA 22116

Required Supporting Documentation

- High School transcript: An unofficial transcript is acceptable, provided it includes a stamp from the high school.
- Recommendations: At least two written
 recommendations from individuals who are not
 related to the applicant. Unless the applicant is homeschooled, one of the recommendations must be from
 a representative (such as a teacher or counselor) of the
 school where the applicant is currently enrolled.
- Statement of interest in a healthcare career: Provide a written statement of no more than 200 words describing the applicant's interest in a healthcare field and an explanation of how the applicant plans to prepare for this career.
- Extracurricular activities: Provide a list or description of the applicant's extracurricular activities, including volunteer service.
- Letter of acceptance: Provide a letter of acceptance from an accredited two- or four-year college, university or vocational/technical school.

Committee Review

The scholarship committee will review all timely and complete applications. The committee will consider the applicant's:

- Volunteer service at Inova Fairfax Hospital or other healthcare facilities
- Educational achievements
- Extracurricular activities (such as work, volunteering and school-sponsored activities)
- · Other pertinent factors

Scholarship recipients will be notified by mail and by email.

Scholarship Payment Process

Scholarship payments will be made directly to the college or university. The scholarship recipient will need to provide the scholarship committee with a tuition statement showing the proper payment address and the student's identification number. Awards are to be used in full within one year.

Name		Please Pri
Address		
City	_ State	_ Zip
Email		
Telephone		
High School		
Date of Graduation		
Intended College or Universit	ty	
Intended Field of Study		

items are submitted:

☐ I understand my application is not complete until the following

- Two letters of recommendation, at least one from a high school teacher or counselor
- Statement of interest in a healthcare career (200 words or less)

· High school transcript

- List or description of extracurricular activities, including volunteer service
- Letter of acceptance from an accredited two- or four-year college, university or vocational/technical school

Return this form and accompanying information to:

Auxiliary Scholarship Committee
Auxiliary of Inova Fairfax Medical Campus
P.O. Box 487
Merrifield, VA 22116

Certification

I certify that I meet all the qualifications as outlined in this application for an Auxiliary of Inova Fairfax HospitalHealthcare Scholarship and that to the best of my knowledge all information contained in the documentation I have provided is true and accurate.

Signature Date

All portions of the application must be received or postmarked by May 1, 2020 in order for it to be considered.