

## Stormont Vail Health Auxiliary Student Volunteer Scholarships

### Purpose

The Stormont Vail Health Auxiliary Student Volunteer Scholarship program is designed to financially assist students interested in a health related career. Two scholarship programs are available: the Maynard Oliverius Youth Leadership in Healthcare Scholarship and the Student Volunteer scholarships. Students may submit for one or both scholarships.

Previous scholarship awardees can reapply for either scholarship. Students who have applied in the past but were not awarded a scholarship are encouraged to reapply. Applications must be submitted each year for consideration.

Deadline to submit for both scholarships is March 1.

### Maynard Oliverius Youth Leadership in Healthcare Scholarship

The Maynard Oliverius Youth Leadership in Healthcare Scholarship is designed to assist students interested in careers in the medical field. This program is funded through the Stormont Vail Foundation by an endowment established by the Stormont Vail Health Auxiliary in recognition of the contributions made by Maynard Oliverius during his tenure as CEO of Stormont Vail Health. First priority will be given to students attending Fort Hays State University, or other Kansas school. The scholarship is awarded to two recipients each year in the amount of \$2,500 each.

### Stormont Vail Health Auxiliary Student Volunteer Scholarship

The Stormont-Vail Health Auxiliary Student Volunteer Scholarship is designed to financially assist students interested in a health related career. Priority will be given to students attending a Kansas school. This scholarship is awarded to four recipients each year in the amount of \$1,000 each.

### Eligibility Criteria

- Any high school senior or college student who has been accepted at a two or four year college or university, a vocational or technical school (SVHASVS) or a community college leading to certification, licensure, registration or other qualification to perform in a medical or allied health field. Proof of enrollment or acceptance is required.
- Completion of a minimum of 50 hours of volunteer service at Stormont Vail Health (SVH-Flint Hills for FHASVS) within application year( March 1, 2023 – February 29, 2024.)
- Cumulative grade point average must be 2.5 or above (high school and college).
- Willing to participate in an interview with Scholarship Committee, if requested.

### Each application must include the following components:

- Completed Scholarship Application Form.
- Official high school or university transcript.
- Acceptance letter or proof of enrollment from school attending.
- Letter of recommendation from a teacher, counselor, professor or a Stormont Vail Health supervisor in the area you volunteered.
- One-page essay indicating your desire to pursue a health care career and general strategy on how you plan to accomplish this goal.

### Application

Application forms are available at <https://www.stormontvail.org/volunteer-services> or by contacting Stormont Vail Health Volunteer Services, 785-354-6095, email [volunteerdept@stormontvail.org](mailto:volunteerdept@stormontvail.org).

Return completed application, transcript, acceptance letter, essay, and letter of recommendation by **March 1** to:

Att: Student Volunteer Scholarship  
Stormont Vail Health Auxiliary  
1500 SW 10<sup>th</sup> Ave., Topeka, KS 66604-1353  
785-354-6084 | 785-354-5812  
[volunteerdept@stormontvail.org](mailto:volunteerdept@stormontvail.org)

## Stormont Vail Health Auxiliary Scholarship Application

- Maynard Oliverius Youth Leadership in HealthCare Scholarship
- Stormont Vail Health Auxiliary Student Volunteer Scholarship

Name \_\_\_\_\_ Age \_\_\_\_\_ Primary/Cell Phone # \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_  Father  Mother  Other

Schools attended (beginning with High School)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

School where scholarship will be used \_\_\_\_\_ Major course of study \_\_\_\_\_

Admissions Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(if awarded, check will be sent directly to office on August 1<sup>st</sup> of awarded year. If School changes Volunteer department needs to be notified before August 1<sup>st</sup>.)

Have you been accepted into a health related program? \_\_\_ Yes \_\_\_ No (please submit copy of acceptance letter)

### Education Expenses Per Semester

Tuition \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total Education Expenses \$ \_\_\_\_\_

By my signature below, I certify that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date of Application

Complete and return required documents by March 1 to: Volunteer Services, [volunteerdept@stormontvail.org](mailto:volunteerdept@stormontvail.org), Stormont Vail Health Auxiliary, 1500 SW 10th Ave., Topeka, KS 66604-1353.

### Document Checklist

(Check to ensure you have enclosed the following documents before submission)

- Completed scholarship application form
- Official high school or university transcript
- Letter of recommendation from a teacher, counselor or Stormont Vail Health supervisor in the area you volunteered
- One page essay indicating your desire to pursue a health care career and general strategy on how you plan to accomplish this goal.
- If recipient of the scholarship, a recent photo will be requested (to be used for Stormont Vail Health publications).