

Stormont Vail Health Auxiliary Student Volunteer Scholarships

Purpose

The Stormont Vail Health Auxiliary Student Volunteer Scholarship program was 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 for each semester 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 was 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 (SVHASVS)

The Stormont-Vail Health Auxiliary Student Volunteer Scholarship was 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 only) 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.
- 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.

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

Sarah E. Elsen, Director Volunteer Services
Stormont Vail Health Auxiliary
1500 SW 10th Ave., Topeka, KS 66604-1353
785-354-6084 | 785-354-5812 - fax
Sarah.elsen@stormontvail.org



Stormont Vail Health Auxiliary Scholarship Application

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

Name _____ Age _____ Primary/Cell Phone # _____

Permanent Home Address: _____ City _____ State _____ Zip _____

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 _____

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

Personal Expenses (Annual)

Education Expenses Per Semester

Living (Rent, Utilities, Food, Transportation) \$ _____
 Child Care \$ _____
 Medical \$ _____
 Other \$ _____

Tuition \$ _____
 Books \$ _____
 Other \$ _____

Total Personal Expenses \$ _____ 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: Sarah E. Elsen, Director Volunteer Services, 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).