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.

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 10th Ave., Topeka, KS 66604-1353
785-354-6084 | 785-354-5812
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 1st of awarded year. If School changes Volunteer department
needs to be notified before August 1st.)

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,
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).