



Spanish Peaks
HealthCare Foundation

23500 US Highway 160
Walsenburg, Colorado 81089

HIGH SCHOOL SCHOLARSHIP PROGRAM 2015

Spanish Peaks HealthCare Foundation Scholarship may be granted to graduates in Huerfano County in hopes of assistance with further education for individuals in our county who desire to work within the health sciences field. The scholarship program is designed to assist graduates and those desiring to complete:

- Vocational studies.
- Certification program.
- 2 or 4 year college degree.

QUALIFICATIONS:

See attached Policy and Procedure.

APPLICATION GUIDELINES & CHECKLIST:

See attached application and checklist.

APPLICATIONS MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTS OR APPLICATION WILL NOT BE CONSIDERED.

DEADLINE:

Return the completed application and material by WEDNESDAY - APRIL 15, 2015 by 4:00 p.m. or mail or deliver applications to:

Administration Department
Spanish Peaks Regional Health Center
23500 US Highway 160
Walsenburg, Colorado 81089



SCHOLARSHIP POLICY AND PROCEDURE

Spanish Peaks HealthCare Foundation (SPHCF) is a non-profit 501(c) (3) organization whose mission is to improve both healthcare and education services in Huerfano County, Colorado. One way SPHCF furthers these goals is to provide scholarships to young people in Huerfano County who are interested in pursuing a career in the health sciences.

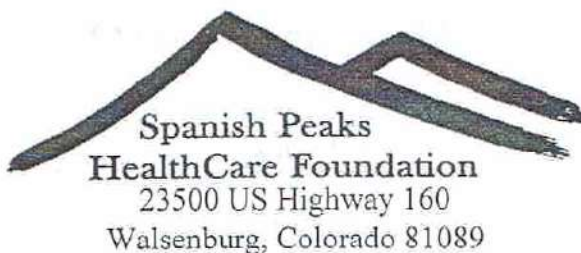
QUALIFICATIONS

1. Scholarship applicant must be a High School graduate or GED recipient who at the time of graduation was a resident of Huerfano County.
2. Applicants can apply for a scholarship in the year of graduation and for the next three (3) years following higher education.
3. Applicant must express an interest in working in the healthcare field or biomedical sciences.
4. No applicant will be refused solely on the basis of grade point average (GPA), however, GPA will be considered in awarding scholarships.
5. SPHCF does not use needs-based criteria in awarding scholarships, however, financial circumstances may be considered in awarding scholarships.
6. SPHCF does not limit where a scholarship applicant may pursue his/her education, however, the program being pursued may be considered in awarding scholarships.
7. A scholarship applicant will not be refused on the basis of his/her plans to return to work in Huerfano County, however, such plans will be considered in awarding a scholarship.
8. An award of a scholarship does not guarantee nor limit the award of another scholarship in any subsequent year, should the applicant reapply if qualifying under item 2 above.
9. An application will be considered only if the Spanish Peaks HealthCare Foundation Board has received the completed application and supporting documents by the deadline.

PROCEDURE

1. The deadline for the application will be determined annually based on the graduation dates for John Mall and La Veta High Schools and the Foundation Board meeting dates.
2. The Foundation Board will review all completed application received by the deadline at the meeting set for that purpose.
3. The Foundation Board will determine the amount of money available for scholarships in any given year. The number of scholarship awarded and the amount of each scholarship will be determined by the Foundation Board in their sole discretion based upon such factors as the caliber of the applicants, the amount of money available, and any other relevant information.
4. The scholarship recipients will be notified in a timely manner; however, no money will be disbursed until SPHCF has received proof of enrollment in the educational program for which the scholarship was awarded.
5. **If student does not claim their scholarship award within 6 months from the time they were presented, the scholarship funding will be forfeited and placed back into the general funds.**

Approved: February 7, 2008
Revision: 05/26/2011



HIGH SCHOOL APPLICATION GUIDELINES AND CHECKLIST

- Application must be typed or legibly printed in ink. _____
- Attached one (1) page of self-description. _____
(See Page 3 of application for outline).
- Attach two (2) letters of recommendations. _____
(One letter **MUST** be from science teacher).
- **Copy of high school transcript – REQUIRED.** _____
- Attach acceptance letter from a certified vocational program, or a 2 year or 4 year college you plan to attend. _____
- Attach copies of high school diploma or GED certificate – if applicable. _____

APPLICATIONS MUST BE COMPLETE WITH ALL ABOVE REQUIRED DOCUMENTS OR APPLICATION WILL NOT BE CONSIDERED

RETURN DUE DATE – WEDNESDAY - APRIL 15, 2015

Internal Use Only: Application Complete _____ Application Incomplete _____

PERSONAL INFORMATION

(Last Name) (First) (Middle)

(Date of Birth) (Place of Birth) (Phone Number)

(Address-Street or PO Box, City, State, Zip Code)

(Father's Name) (Mother's Maiden Name)

YOUR EDUCATION

(High School)	(City/State)	(Dates)
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(College)	(City/State)	(Dates)
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SCHOLARLY HONORS AND AWARDS

(Title & Type of Award)	(Years)
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(Title & Type of Award)	(Years)
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(Title & Type of Award)	(Years)
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SCHOOL ORGANIZATION MEMBERSHIPS, OFFICES, POSITIONS, & AWARDS

(Organization)	(Office, Positions, Awards)	(Years)
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(Organization)	(Office, Positions, Awards)	(Years)
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EXTRA CURRICULAR ORGANIZATION MEMBERSHIPS, OFFICES, POSITIONS, & AWARDS

(Organization)	(Office, Positions, Awards)	(Years)
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(Organization)	(Office, Positions, Awards)	(Years)
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CIVIC AND COMMUNITY ACTIVITIES, HONORS, AND AWARDS

(Activity)	(Honors, Awards)	(Years)
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(Activity)	(Honors, Awards)	(Years)
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(Activity)	(Honors, Awards)	(Years)
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EMPLOYMENT

(Type of Work/Dates)	(Employer)
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(Type of Work/Dates)	(Employer)
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(Type of Work/Dates)	(Employer)
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Self-Description Appendix – Please type and attach one page, which discusses:

1. Your career goals and why you have chosen this path. Might your goals include returning to Huerfano County after you have obtained your health career certification or degree?
2. Interesting facts and self-perceptions about yourself.
3. Any other information you think is pertinent to this **specific** scholarship application.

Signature of Student

Date

Signature of Parent or Guardian

Date