

BAYLOR

Regional Medical Center
at Grapevine

Volunteer Services

1650 West College
Grapevine, TX 76051
(817) 329-2665

2012 SCHOLARSHIP

The Volunteer Services of Baylor Regional Medical Center at Grapevine will be offering two \$3,000 scholarships to area high school seniors for the 2011-2012 school year to the recipient's college or university of choice. A committee composed of the Volunteer Services President, two (2) general members, the Coordinator of Volunteer Services, the scholarship chairperson, and one (1) member from the education community will act as judges. The award will be paid directly to the college/university upon written verification of enrollment from the recipient's school.

In order to be eligible for the scholarship:

- The scholarship applicant **must** be planning to pursue a career in the **medical field**.
- The scholarship applicant **must** be a high school senior graduating from an area high school in the 2011-2012 school year.

To be accepted by the Scholarship Committee for consideration, items 1 through 5 below must be received in a complete packet no later than Saturday, **March 31, 2012**.

1. The completed application. *No incomplete application will be considered.*
2. Transcript of all high school grades - ninth grade through first semester 2011-2012.
3. Two (2) teacher recommendations and one (1) community member recommendation.
4. Official copy of SAT and/or ACT scores, rank in class, size of class, and list of AP/Honors classes.
5. A one-page, typed essay in which the applicant discusses his/ her QUALIFICATIONS and NEED for this scholarship.

MAIL or DELIVER COMPLETED PACKET TO:

Pam Baker 601 Clariden Ranch Road Southlake TX 76092

MUST BE RECEIVED NO LATER THAN Saturday, March 31, 2012

For further information please email pambaker1@yahoo.com

The decision of the scholarship committee is final.

**VOLUNTEER SERVICES OF BAYLOR REGIONAL MEDICAL CENTER
AT GRAPEVINE
SCHOLARSHIP APPLICATION**

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

DATE OF BIRTH _____ SEX M ___ F ___ Home phone. () _____

Cell Phone () _____ email _____

_____ HIGH SCHOOL DATE OF GRADUATION

_____ FATHER'S NAME MOTHER'S NAME

1. Have you ever been a summer Junior Volunteer at an area hospital? Y ___ N ___ Where?

2. Have you ever worked at a hospital or taken classes at a hospital for high school credit? Y ___
N ___ Name of Hospital _____

3. List colleges to which you have applied or plan to apply. Indicate where you have been
accepted. _____

4. What is your medical field of interest? _____

5. List your extracurricular activities (clubs, sports, scouts, church and services to school and
community, volunteer hours). Please list any offices held. *Attach on additional page.*.....

6. List honors, awards, class offices, scholarships, and other recognition you have received. *List on
the additional page.*

7. List all part time or full-time employment during high school including summers. *List on the
additional page.*

8. SCORES: SAT _____ ACT _____ Class Rank/Class size _____
GPA_Weighted _____ Not Weighted _____

9. Number of AP/Honors CLASSES during 4 years of high school _____

10. List on this page hobbies or special interests.

APPLICANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE