



Inter-Community Hospital
210 W. San Bernardino Road
Covina, CA 91723

Dear Applicant;

This year because of COVID 19 it will be necessary to utilize my home email and address for all correspondence. Because of room utilization at Inter Community Hospital during this pandemic, the Auxiliary no longer can use its office, so using the hospital address would not be advisable. Likewise, I cannot access the volunteer email account from my home.

It will, therefore, be more secure and easier to keep track of email and written correspondence if it is sent to my home. The email address, foxyjodi@icloud.com, is dedicated to scholarship correspondence only. My home mail is secure as well. My mail is delivered through a slot in my door. Please be sure to mail you applications well in advance as no late applications will be accepted and the Post Office seems to be quite slow this year. If you elect to use mail that you can track be sure it DOES NOT require a signature. This is important as I cannot be going to the post office.

Applications are also available on line at Emanatehealth.org/ICH Auxiliary.

Jody Mentzer

Inter Community Hospital Auxiliary Scholarship Chairperson
712 Gaillard St.,
La Verne, CA 91750
foxyjodi@icloud.com

**THE AUXILIARY OF EMANATE HEALTH
INTER- COMMUNITY HOSPITAL – COVINA CA**

AUXILIARY 2021 SCHOLARSHIP APPLICATION

Name _____

(Please Print)

Address _____ **City** _____ **Zip Code** _____

Current Telephone Number (s) _____

E Mail _____

School Attending _____

Educational Goal _____

Declaration of Information:

I hereby apply for consideration for an *Emanate Health Inter-Community Hospital Auxiliary's* \$1,000.00 Scholarship.
I declare that all information provided by me is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Consent of Release of Information:

I authorize the *Emanate Health Inter-Community Hospital Auxiliary Scholarship Committee* to release any information contained in this form that may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information to the *Emanate Health Inter-Community Hospital Auxiliary Scholarship Committee*. I understand that the information will be used solely for the evaluation of my application for a scholarship and for no other proposes.

Signature of Applicant

Date

Permission to Use Picture:

The Auxiliary of Emanate Health Inter-Community Hospital may use your picture in a newsletter article. This picture may appear with my name. Please check one of the following.

☐ I hereby give my permission to use my picture with an article. _____
Signature of Applicant

☐ I do not give my permission to use my picture with an article. _____
Signature of Applicant

**Emanate Health
INTER-COMMUNITY HOSPITAL – COVINA CA
AUXILIARY SCHOLARSHIP CRITERIA / APPLICATION PROCEDURE, 2021**

Scholarships are available from the *Emanate Health Inter-Community Hospital Auxiliary* to students who live locally or are enrolled in a local community college, university or professional institution and are currently enrolled in a program leading to or expanding a career in which they will directly provide patient care or impact the wellbeing of those needing medical services.

APPLICANTS MUST:

1. Be a student currently enrolled in a program at a community college, university or professional institution leading to or expanding a career where they will directly provide patient care or impact the wellbeing of those needing medical services.
2. Include a current transcript for at least one semester or quarter in the chosen area of study showing a 3.0 grade point average. This need not be an official transcript.
3. Have a cumulative grade point average of 3.0 for **all** college, university or professional institution courses taken.

APPLICANTS ARE REQUIRED TO SUBMIT ALL THE FOLLOWING INFORMATION TO BE CONSIDERED FOR A SCHOLARSHIP:

1. So that we may learn more about you, the committee requests the following information. Please submit this information using an outline form listing each section a – j. Please leave a space between each response.
 - a) Name, address (including zip code), current phone number and email address.
 - b) What institution are you currently attending?
 1. How many units have you completed toward this goal as of the fall/winter session of 2020-2021?
 2. When do you anticipate graduation or completion of your current program of study?
 3. Will you receive a degree (type) or a certificate of completion?
 4. Have you previously earned any degrees or certificates?
 - c) What is your career goal? Why is this goal important to you?
 - d) How do you intend to use the funds received and what will be the potential benefit(s).
 - e) Are you currently working? If you are, how many hours a week do you work? What type of work do you do? How long have you held this position?
 - f) Are you getting any financial assistance with your education? (parents, spouse, Grants, GI bill, etc.)
 - g) What is your current living situation?
 - h) Other activities and interests:
 1. Any clubs or organizations in which you have recently held any offices or positions of leadership.
 2. Interests or activities in which you participate.
 3. Any honors or awards.
 4. Any volunteer, community or professional involvement.
 - i) Give a brief summary of why you feel you are a worthy candidate.
 - j) Insert a picture of yourself and the approximate date it was taken.
2. Include a copy of all your college, university or professional institution transcripts completed as of the submission of this application. These need not be official copies. This is mandatory.
3. At least two letters of recommendation. At least one must be from a professor or teacher who has been directly involved in your training. These letter(s) must be submitted on the institution's letterhead. If you are currently employed or interning in the field you are studying, please submit a letter from an immediate supervisor on company letterhead. These letters are to be included with your application.
4. Please, no electronic signatures on the application form. Do not send this application electronically.

Scholarships awarded by the *Emanate Health Inter-Community Hospital Auxiliary* shall be evaluated without regard to race, religion, national origin, marital status, physical limitations, gender, sexual preference or age.

THE DEADLINE FOR RECEIPT OF ALL APPLICATION DOCUMENTS IS THURSDAY, MARCH 11, 2021. THERE WILL BE NO EXCEPTIONS. All application materials are to be mailed to: Jody Mentzer, 712 Gaillard St., La Verne, CA 91750. This mailbox is inside and secure. Be sure you mail early so your paperwork gets here in time. If you elect to use mail that you can track please be sure it **DOES NOT** require a signature!!! This is important as I will not be going to the post office.

Jody Mentzer, Inter Community Hospital Auxiliary Scholarship Chairperson
712 Gaillard St., La Verne, CA 91750
foxyjodi@icloud.com

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