

**Carol Walters Teen Volunteer Scholarship**

In collaboration with the Kentucky Hospital Committee on Volunteer Services and statewide Kentucky hospital auxilians and volunteers, the Kentucky Hospital Association presents the Carol Walters Teen Volunteer Scholarship Award. This award will be presented to the teen(s) that meet and/or exceed the following criteria.

**Eligibility Information:**

Students must have been accepted to an accredited institution of higher learning. This award is only available for seniors in high school attempting to continue their education as a full-time student in an institute of higher learning.

Eligibility requirements are as follows:

1. Student must be a volunteer at a KHA member hospital.
2. Student must be senior in High School for the 2020-2021 academic year.
3. Student must have been accepted to an accredited institution of higher learning.
4. Student must attend school as a full-time student or full-time equivalent as recognized by his or her educational institution.
5. Student must provide proof of college acceptance.
6. Application must be received by the deadline.

**Application Requirements:**

All requirements listed below must be completed and submitted together. If the application is incomplete, or not received by the due date, the application will not be reviewed.

Application packets must contain the following:

1. Completed application form.
2. Proof of acceptance and intention of attendance to an accredited institution of higher learning.
3. Proof of hospital volunteer hours logged, signed by supervisor.

\*previous years hospital volunteers hours are acceptable due to the facilities covid response.

1. Three letters of recommendation from individuals not related to the applicant.
2. Letter from the hospital attesting to the student’s outstanding work and involvement in the hospital volunteer program.

**Award Information:**

Applicants who are awarded a scholarship will be notified no later than July 15, 2021.

**Contact Information:**

Applications may be sent by mail, fax or email to:

 Kentucky Hospital Association

 Attn: Teen Volunteer Scholarship

P.O. Box 436629

Louisville, Kentucky 40253-6629

Phone: 502-426-6220

Fax: 502-814-0355

Email: volunteers@kyha.com

**Application must be received by May 3, 2021.**

**Carol Walters Teen Volunteer Scholarship**

**Applicant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | *Last* | *First* | *M.I.* |  |  |
| Address: |  |  |
|  | *Street Address* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |
| Phone: |  | Email | **:**  |

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role as Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Volunteer Hours: \_\_\_\_\_\_\_

Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |
| School Counselor Name: |  | Phone:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

Desired Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

*Please list three non-relative references.*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |