

Junior Volunteer Scholarship Requirements

The West Virginia Hospital Association and the Auxiliary of the West Virginia Hospital Association jointly award scholarships. The total amount awarded each year may vary. Scholarships are available to the junior volunteers at WVHA member hospitals who also have membership in the AWWHA. Applications are available through the Director of Volunteer Services at a WVHA member hospital OR the WVHA website, www.WVHA.org.

Eligibility Requirements

1. Candidate must be a junior volunteer at a WVHA and AWWHA member hospital.
2. Candidate must be a high school senior at the time of application.
3. Candidate must have accumulated a minimum of 75 hours of service.
4. Candidate must have a minimum GPA of 3.0.
5. Candidate must be pursuing a career in a health field of an accredited institution.
6. Candidate must have letters of recommendation from his/her DVS or Jr. Volunteer Coordinator, a teacher AND his/her guidance counselor.
7. Candidate must submit a 400-500 word essay entitled, "How My Junior Volunteering Experiences Influenced My Decision to Enter the Health Field."
8. Application, letters of recommendation, high school transcript and essay are due no later than March 15 of the calendar year of submitting application.

Mail to:

AWVHA Scholarship Chairperson

Margaret Conner

352 Partridge Drive

Princeton, WV 24740

Judging will be by independent judges. Winners will be notified by April 15th.

WVHA / AWWHA

Jr. Volunteer Scholarship Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Father's Name: _____ Mother's Name: _____

Father's Address: _____ Mother's Address: _____

High School: _____

Address: _____

Name of Hospital for which you volunteer: _____

Address: _____

Number of Years in Volunteer Program: _____ Number of hours: _____

List other experiences you have had in health related fields, if any: _____

Career Plans

Name of Institution you plan to attend: _____

Chosen Career: _____ Accepted at this time? _____

Ultimate Goal: _____

Signature of Applicant: _____ Date: _____

Please attach your essay along with your high school transcript to this application. The recommendations from your DVS, teacher and guidance counselor can either be attached to this form OR mailed directly to the scholarship chair.