

Bobbie & George Kraus Scholarship

Presented by HonorHealth Volunteer Services Advisory Council

Submission Deadline: February 8, 2023, by 11:59 p.m.

The Bobbie and George Kraus Scholarship was established by the family of a volunteer. Volunteers are a valuable asset to the HonorHealth organization; working with staff to fulfil our mission of improving the health and well-being of our patients and their families.

A one-time scholarship for \$2,000 will be awarded.

Eligibility requirements:

- Be a resident of Arizona and graduating from an Arizona high school in May/June 2023.
- Have served at least 30 hours as a HonorHealth volunteer by January 1, 2023.
- Minimum unweighted G.P.A. of 3.0
- Plan to be enrolled in a fully accredited college or university in the Fall of 2023.

Application Details:

1. The Bobbie & George Kraus Scholarship Application (next page).
2. One-page response to prompt: *What have you learned as a HonorHealth volunteer that will help you achieve your future goals?*
3. One letter of recommendation from a professional person, preferably in healthcare, not related to you who is acquainted with your work as stated in your student statement, not to exceed 1 page.
4. A copy of your high school transcript (official or unofficial may be submitted).

Application Submission:

Send completed applications by deadline of February 8, 2023, by 11:59 p.m. All items are required for application to be reviewed.

By Mail: HonorHealth Volunteer Office
Attn: Scholarship Committee
250 E Dunlap Ave
Phoenix AZ 85020

By E-mail: Volunteers@HonorHealth.com
Subject line should read: Kraus Scholarship Application

Additional Information:

All qualified applications received will be reviewed by the Scholarship Committee. Top candidates will be invited to attend an interview which as part of the selection process. Interviews are currently planned for late March 2023. Only those who attend the interview will be considered.

Bobbie & George Kraus Scholarship Application

Submission Deadline: February 8, 2023, by 11:59 p.m.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

List All Community Service Organizations Including HonorHealth

Organization Name	Supervisor	Contact # or E-mail address	Total Hours

Current high school: _____

Unweighted GPA (from transcript): _____ Weighted GPA _____

Name of college or university where scholarship will be used.

Include address of scholarship or financial aid office.

Anticipated field of study: _____

I confirm the following documents are attached:

- _____ One-page response to question
- _____ Letter of recommendation, no more than one-page in length
- _____ High school transcript (official or unofficial)



For Office Use Only:

DATE & TIME APPLICATION RECEIVED: _____ BY: _____

HOURS SERVED: _____ CAMPUS: _____