

HonorHealth Golden Anniversary Scholarship

Presented by HonorHealth Volunteer Services Advisory Council

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

The Volunteer Services Golden Anniversary Scholarship was established to celebrate teens for their service to our HonorHealth campuses while they pursue their degree at college or university. The award was established to celebrate the first 50 years of service HonorHealth volunteers have dedicated to the care and comfort of our patients and their families.

A one-time scholarship up to \$5,000 will be awarded to up to 5 students.

Eligibility requirements:

- Be a resident of Arizona and graduating from an Arizona high school in May/June 2023.
- Have served a minimum of 100 hours with HonorHealth through volunteer service.
- Have a minimum unweighted GPA of 3.7.
- Plan to be enrolled in a fully accredited college or university in the Fall of 2023.

Application Details:

1. The Golden Anniversary Scholarship Application (next page).
2. A one-page student statement that showcases your goals and accomplishments, community service engagement, and interests.
3. One letter of recommendation from a professional, not related to you, who can speak to your dedication and work-ethic. Limit to one-page.
4. A copy of your high school transcript confirming minimum unweighted GPA of 3.7. (Official or unofficial transcripts 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: Golden Anniversary Scholarship Application

Additional Information:

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

Golden Anniversary Scholarship Application

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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 student statement

_____ Letter of recommendation no more than one-page in length

_____ High school transcript (official or unofficial)

HONORHEALTH™

HonorHealth.com

For Office Use Only:

DATE & TIME APPLICATION RECEIVED: _____ BY: _____

HOURS SERVED: _____ CAMPUS: _____