

HonorHealth Golden Anniversary Scholarship

Presented by HonorHealth Volunteer Services Advisory Council

Submission deadline: Noon on Tuesday, February 3, 2026

The Volunteer Services Golden Anniversary Scholarship celebrates 50 years of dedicated service by HonorHealth volunteers to the care and comfort of our patients and their families. It was established to recognize teens for their service at our HonorHealth medical centers while pursuing a degree at a college or university.

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

Eligibility requirements:

- Resident of Arizona and graduated from an Arizona high school in May/June 2026.
- Have served a minimum of 100 hours of volunteer service with HonorHealth before Jan. 1, 2026.
- Have a minimum, unweighted 3.7 GPA.
- Enrolled (or will be enrolled) in a fully accredited college or university in fall 2026.

Application details:

- Complete and submit the Golden Anniversary Scholarship application.
- A one-page student statement showcasing your goals and accomplishments, community service engagement and interests. The use of AI technology (including but not limited to ChatGPT) is not permitted when writing your personal statement.
- A one-page letter of recommendation from a professional (not related to you) who can speak to your dedication and work ethic.
- A copy of your high school transcript showing a minimum, unweighted 3.7 GPA (official or unofficial transcripts may be submitted.)

Application submission: Send completed applications by noon on Tuesday, February 3, 2026 through email. All items are required for the application to be reviewed.

Send to: studentvolunteers@honorhealth.com; Subject line should read: Golden Anniversary Scholarship Application

Additional information: Complete applications submitted by the deadline will be reviewed by the Scholarship Committee. Top candidates will be invited to attend an interview as part of the selection process. Interviews are planned for the third week of March 2026. Only those who attend an interview will be considered.

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First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Use the Box below to List All Community Service Activities, Including HonorHealth:

Organization name	Supervisor	Phone or email	Total hours

Current high school: _____

Unweighted GPA (from transcript): _____ Weighted GPA: _____

Name of college or university where scholarship will be used:

If you have not yet selected a school, please list at least the schools you have applied to.

Anticipated field of study: _____

I confirm the following documents are attached:

- One-page student statement
- One-page letter of recommendation
- High school transcript (official or unofficial)