

Bobbie and George Kraus Scholarship

Presented by HonorHealth Volunteer Services Advisory Council

Submission deadline: Noon on Tuesday, February 3, 2026

The Bobbie and George Kraus Scholarship was established by the family of a former volunteer. Volunteers are a valuable asset to HonorHealth, as they work closely with team members to fulfill their mission of improving the health and well-being of those served.

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

Eligibility requirements:

- Resident of Arizona and graduated from an Arizona high school in May/June 2026.
- Served at least 30 hours as an HonorHealth volunteer before Jan. 1, 2026.
- Have a minimum, unweighted 3.0 GPA.
- Plan to be enrolled in a fully accredited college or university in fall 2026.

Application Submission:

- Complete and submit the Bobbie and George Kraus Scholarship application.
- A one-page response to the question, "What have you learned as an HonorHealth volunteer that will help you achieve your future goals?"
 - The use of AI technology (including but not limited to ChatGPT) is not permitted when writing your personal response.
- A one-page letter of recommendation from a professional person (not related to you) who can speak to your dedication and work ethic.
- A copy of your high school transcript (official or unofficial may be submitted.)

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

Send to: studentvolunteers@HonorHealth.com; Subject line should read: Kraus Scholarship Application

Additional information: Completed 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 currently planned for the third week in 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 the schools you have applied to.

Anticipated field of study: _____

I confirm the following documents are attached:

One-page response to question

One-page letter of recommendation

High school transcript (official or unofficial)