



## CONCORD HOSPITAL ASSOCIATES'

# *Samuel and Ruth Oliva Memorial Scholarship*

The Concord Hospital Associates is pleased to offer the Samuel and Ruth Oliva Memorial Scholarship for the sons and daughters of Concord Hospital employees and its subsidiaries (who can be identified by receiving a Concord Hospital payroll check). The Concord Hospital Associates' mission is to promote the health and welfare of the Concord community.

### **SCHOLARSHIP HISTORY**

Sam and Ruth Oliva were dedicated Associates and Concord Hospital volunteers who collectively gave over 30 years of service to Concord Hospital. The Oliva's devotion to community service is the basis for this scholarship and it is named in their honor.

### **AWARD**

Award recipient will receive a \$2,500 scholarship for community college, four-year college, or graduate school program.

Selection is based on non-academic and academic criteria of the applicant including: commitment to volunteerism, community service, leadership, academic excellence, and financial need. This is a competitive scholarship.

The scholarship recipient will be expected to attend the Concord Hospital Associates' annual meeting in June 2012; the scholarship award will be presented during the meeting. In addition, the recipient will be expected to attend the 2013 annual meeting to provide an update on how the scholarship helped support the recipient's education endeavors over the past year.

The scholarship will be applied toward tuition and will be sent directly to the school designated by the award recipient.

### **ELIGIBILITY**

1. Applicant must be a dependent son or daughter (natural, adopted or legal ward) of a full-time or part-time (minimum of 40 hours per pay period) employee.
2. Applicant must apply to a post-secondary school, which includes colleges, junior colleges and graduate programs.
3. Students already enrolled in post-secondary institutions are also eligible.
4. Applicant can only receive the scholarship a total of two times.
5. Applicant must be available for an interview (if selected as a finalist candidate) and must be available to attend the scholarship award event in June 2012 at Concord Hospital.

## **APPLICATION PROCEDURE**

We encourage you to submit one single packet with all the application materials. We will not be able to process your application unless you carefully follow these instructions. Only completed application packages will be processed.

1. Applicants must provide a one-page typed essay describing his/her involvement in a volunteer or community service activity and explain how this commitment to service has contributed to his/her development.
2. Applicants must provide two original letters of recommendation; one from a teacher or other academic source and one from a community leader or work source. Letters must be original, not copied, and include the address or e-mail of the person writing the reference.
3. Applicants must provide an official high school or college transcript.
4. An interview may be required.
5. Completed scholarship applications must be returned to the Volunteer Services Office by **March 20, 2012**.

### **Application Package Checklist:**

**Completed Scholarship Application**

**Official Transcripts**

**Letter of Recommendation from Academic Source**

**Letter of Recommendation from Community Leader or Work Source**

**Personal Statement/Essay**

**Return application with all required materials.**

**Don't forget! Application packets must be returned no later than March 20, 2012. Do not include items not requested. Do not fax materials. It is the responsibility of the applicant to ensure all application materials are submitted and returned by the deadline. We encourage applicants to submit one single packet with all the application materials. Incomplete packages will be disqualified.**



# CONCORD HOSPITAL ASSOCIATES'

*Samuel and Ruth Oliva*

## *Memorial Scholarship Application*

### **SECTION 1 – PERSONAL DATA**

#### **THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN OF STUDENT APPLYING FOR SCHOLARSHIP**

Information will be kept confidential.

Name \_\_\_\_\_

Father/Guardian  
**CIRCLE RELATIONSHIP TO APPLICANT**

Name \_\_\_\_\_

Mother/Guardian  
**CIRCLE RELATIONSHIP TO APPLICANT**

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

#### **SON/DAUGHTER/DEPENDENT OF EMPLOYEE THIS SECTION TO BE COMPLETED BY STUDENT**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Current College \_\_\_\_\_ Year in College \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

### **SECTION 2 – EDUCATIONAL DATA**

High School \_\_\_\_\_ Dates attended \_\_\_\_\_ Degree received \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

What is your cumulative grade point average? \_\_\_\_\_

What is your chosen field of study? \_\_\_\_\_

Are you eligible for tuition reimbursement? \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_

If Freshman in 2012-2013, to what schools have you applied? Put a **star (\*)** next to each school to which you have been accepted.

\_\_\_\_\_  
\_\_\_\_\_

If already attending, list school and current year in school \_\_\_\_\_

