



TEEN VOLUNTEER SCHOLARSHIP APPLICATION

All information must be filled out completely in ink.

To be eligible, applicant must be a high school senior and have completed 50 post training hours of volunteer services.

APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle Initial: _____ DOB: _____
 Permanent Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Other: _____
 Parent / Guardian Name: Last: _____ First: _____ Middle Initial: _____

HIGH SCHOOL INFORMATION

A copy of your current, official high school transcript of grades must be submitted. **Transcript:** Included Submitted Separately

School Name: _____ Phone: _____
 School Address: _____ City: _____ State: _____ Zip: _____
 Cumulative Grade Point Average: ____ / 4.0 scale or: ____ / ____ scale. Class Rank: ____ High School Graduation Date: _____
 University / College you plan to attend: _____
 Selected Major: _____ If healthcare, what area? _____

HOSPICE OF THE VALLEY TEEN VOLUNTEER PROGRAM SERVICE

Total number of volunteer hours at Hospice of the Valley: _____ Length of time as a Teen Volunteer: _____
 Number of peer support meetings attended: _____ Continuing education quizzes completed: _____

Volunteer Essay:

Please describe briefly your volunteer experience at Hospice of the Valley. How has your volunteerism benefited Hospice of the Valley patients? Describe how your involvement in the program has influenced your life. If you are planning to pursue a career in healthcare, please explain how your volunteerism may have contributed to this decision.

Essays that are grammatically correct will be accepted. They should be typed on 8 1/2 x 11" paper, one-sided and double-spaced. Please include your name and address in the upper left-hand corner of each page.

APPLICATION SUBMISSION

This application becomes complete and valid when you have submitted this completed application form, essay, and official school transcript.

Mail to: Volunteer Department
 Hospice of the Valley
 1510 E Flower Street
 Phoenix, AZ 85014

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the scholarship program. This application becomes the sole property of Hospice of the Valley.

Signature of Teen Volunteer: _____ Date: _____
 Signature of Parent / Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Application Checklist:

- Completed Application
- Essay
- Transcript

Applicant's Volunteer Activities Appraisal:

- Completed 50-hour volunteer commitment: Yes No
- Attended peer support meetings: Yes No
- Followed through with assignments: Yes No

Comments: _____

Supervisor's Signature: _____ Title: _____ Date: _____