



# ***Paulding County Hospital Foundation*** **2023 SCHOLARSHIP INSTRUCTIONS** Applications Due by: March 15<sup>th</sup>, 2023

The Paulding County Hospital Foundation (PCHF) invites local seniors to apply for our 2023 Scholarship! The scholarship is intended to be awarded to three students from each school district in Paulding County. Home-schooled students are also eligible to apply. The scholarship is to be used for the financial assistance of a student entering the field of healthcare at an institution of postsecondary education.

The PCHF provides a \$1,000 scholarship to one student from each of the area high schools. However, if there are no applications from a school, or the applications submitted are not of acceptable quality, the PCHF may choose not to award a scholarship that year. All scholarships are a one-time award.

## **INSTRUCTIONS FOR TURNING IN YOUR APPLICATION:**

There are three ways you can turn in your scholarship application:

1. Turn in to your High School Guidance Counselor (recommended)
2. Scan to Estee Miller, PCHF Executive Director at [exec.dir@pauldingcountyhospitalfoundation.org](mailto:exec.dir@pauldingcountyhospitalfoundation.org)
3. Mail to the PCHF – PO Box 221, Paulding OH 45879

Applications are **due March 15th, 2023**. Please instruct your guidance counselor/science teacher to send their completed evaluation form to one of the locations listed above. Your Guidance Counselor must also provide your transcript.

## **COMPLETED APPLICATION MATERIALS:**

It is the applicant's responsibility to ensure the following materials are submitted:

1. The completed scholarship application, starting on the next page
2. Student Evaluation form completed by a science teacher of your choice
3. Student Evaluation form completed by your Guidance Counselor
4. A High School transcript through seven semesters



## 2023 Paulding County Hospital Foundation Scholarship Instructions

### CRITERIA:

- Applicant must have at least a 3.0 cumulative grade point average
- Applicant must have intention to continue education in healthcare field (nursing, medical school, laboratory technician, radiology, respiratory technician, physical therapy, etc.)
- Must submit completed application materials to be considered

### SCORING:

The scoring of the application is done anonymously - the selection committee will take a combination of the following factors into consideration (not in order of importance):

- Fully articulated college plans, enrollment status, college financial plans
- Evidence of health-related field with description of interest in the field
- Neatly written or typed application with proper grammar
- Health-related shadow/observation experience
- Extracurricular/work/volunteer activities
- GPA, class rank, course selection, school attendance
- Student Evaluation Form
- Quality of Interview, for those qualifying for interview round

After applications are scored, students will be notified if they are invited to an interview.

### CONTACT INFORMATION:

To learn more about the Paulding County Hospital Foundation, or for questions regarding the scholarship process, please contact Estee Miller, Executive Director, at [exec.dir@pauldingcountyhospitalfoundation.org](mailto:exec.dir@pauldingcountyhospitalfoundation.org). Estee can also be reached at 419-796-8114.

Visit our website: [www.pauldingcountyhospitalfoundation.org](http://www.pauldingcountyhospitalfoundation.org) and check us out on Facebook: Paulding County Hospital Foundation for more information!

*The Mission of the Paulding County Hospital Foundation: To support the Paulding County Hospital, promoting high quality health care and wellness for the people in our community.*



**Paulding County Hospital Foundation**  
**2023 SCHOLARSHIP APPLICATION**  
Applications Due by: MARCH 15<sup>th</sup>, 2023

## Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

## High School Information

High School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

1. Please highlight your high school achievements (honors, awards, leadership roles, activities), your volunteer service to your community (both school and non-school related) and describe your employment experience.

---

---

---

---

---

---

---

---



## College/Major Information

2. Name of Institution you plan to attend and current states (accepted, committed, undecided, etc.)

*If you're currently undecided, please list all institutions you are interested in & your status:*

---

---

Intended Major: \_\_\_\_\_ Intended Minor (if any): \_\_\_\_\_

3. Please explain why you're interested in this major/field of study:

---

---

---

---

4. Have you shadowed or observed this profession? Explain where and when you completed any shadowing/observation and the value of that experience:

---

---

---

---

5. How do you plan to finance your future education? What other scholarships have you received?

---

---

---

---



# Characteristic Questions:

6. What is one characteristic or quality you would use to describe about yourself and why?

---

---

---

---

7. Why are you a good candidate to receive this award?

---

---

---

---

Additional Documents Needed for Final Application:

- High School Transcript
- Student Evaluation Form from Guidance Counselor
- Student Evaluation Form from Science Teacher

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

*\*Guidance Counselor- please fill out the Student Evaluation form and provide student's transcript*

***The Mission of the Paulding County Hospital Foundation: To support the Paulding County Hospital, promoting high quality health care and wellness for the people in our community.***



# Student Evaluation Form

*\*to be completed by student's Guidance Counselor and One Science Teacher*

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Students who intend to apply for the Paulding County Hospital Foundation's scholarship must have one science teacher and their guidance counselor complete this evaluation form. The PCHF scholarship is intended for students that are entering the healthcare field. If you have any questions, please email Estee Miller, PCHF Executive Director, at [exec.dir@pauldingcountyhospitalfoundation.org](mailto:exec.dir@pauldingcountyhospitalfoundation.org).

This evaluation form is due as part of the student's application by March 15<sup>th</sup>, 2023. Please scan the completed form to [exec.dir@pauldingcountyhospitalfoundation.org](mailto:exec.dir@pauldingcountyhospitalfoundation.org).

**Please rate the following characteristics for the student listed above:**

1 = strongly disagree 2 = disagree 3= agree 4= strongly agree 5=very strongly agree

This student shows honesty and integrity in and outside the classroom	1	2	3	4	5
This student uses their knowledge to help others in and outside the classroom	1	2	3	4	5
This student participates in the classroom in a positive way	1	2	3	4	5
This student encourages others to reach their potential in and outside the classroom	1	2	3	4	5
This student shows focus on what they're doing in and outside the classroom	1	2	3	4	5
This student shows compassion to others in and outside the classroom	1	2	3	4	5
This student's work is neat and legible	1	2	3	4	5
This student demonstrates organizational skills	1	2	3	4	5
This student shows respect for their teachers and other staff members of the school	1	2	3	4	5
This student shows respect for their peers	1	2	3	4	5

**Please describe any other characteristics that set this student apart & explain why you think the student will excel in the healthcare field:**

---



---



---

Thank you for your cooperation. We appreciate your response!

*The Mission of the Paulding County Hospital Foundation: To support the Paulding County Hospital, promoting high quality health care and wellness for the people in our community.*