

Pleasant Valley Hospital Health Foundation

Healthcare Education Assistance Application 2023-2024 Academic Year

The Pleasant Valley Hospital Health Foundation, Inc. was established for the purpose of furthering the development of new and existing healthcare services in Mason County, West Virginia, and assisting Pleasant Valley Hospital in its efforts to maintain and improve upon the quality of health care services to the residents of our community.

Recognizing that a serious shortage of health care professionals exists throughout the nation—including the Upper Ohio Valley and the state of West Virginia—and acknowledging the increasing cost of higher education, the Foundation has established the Pleasant Valley Endowment Fund to educate local students who have chosen a future in the health care industry.

To assure that our current level of quality health care is maintained well into the future, the Foundation board members and those who have contributed to the scholarship fund, have committed themselves to “Educating Today for a Healthy Tomorrow.”

Financial Assistance Programs Available

The Board of Directors, at its discretion, may determine the kinds of financial assistance programs to be utilized. Those programs may include, but not be limited to, the following:

1. *Tuition Scholarship* – Pays the recipients’ full tuition costs at an approved institution of higher education on a year-by-year basis.
2. *Full Scholarship* – Pays the recipients’ full tuition and room and board costs. This grant may also include the cost of required textbooks.
3. ***Grant-In-Aid Loan*** -- Recipients are provided a direct education loan in a specified amount on a year-by-year basis. Recipients of the loan may apply in subsequent years for additional grant-in-aid loans and applications will be considered by the Foundation on a year-by-year basis. There exists the opportunity to obtain forgiveness pursuant to this program if the applicant meets certain requirements, which includes returning to work/affiliate at Pleasant Valley Hospital in his or her profession for a specified period of time.
4. *Vitus Hartley, Jr. Scholarship* – A one time scholarship award of \$4,000. Only available to returning scholars. (see Renewal application for details)

**** The 2023-2024 assistance will be awarded as Grant-In-Aid Loans only.**

Eligibility Requirements

- Residency in Mason County, West Virginia, Gallia County or Meigs County, Ohio
- A diploma from an accredited high school or possession of a G.E.D.
- Grades and test scores sufficiently high for admission to an accredited college. (Factors such as GPA, rank in high school class and scores on college entrance tests will be considered in the application process.)
- Acceptance for admission at an accredited institution of higher education in either West Virginia or Ohio.
- Declaration of a major area of study in a health care field. (Must show proof of acceptance into a qualified program of study.)
- No “Pre-Program” students are eligible for funding. Award winners must be enrolled in a qualified program of study.

The application form should be filled out as completely with references attached. The applicant must ask for letters of reference from at least two of the following: high school teachers who are familiar with the applicant’s academic work, their high school counselor or their high school principal; employers, work supervisors or other similar persons, such as a church pastor. (Graduating seniors should secure one reference from each list; other applicants may secure two references from the second list.) References should not be obtained from members of the applicant’s family.

If you are unable to provide the information requested, please state the reason in the space provided or attach a letter of explanation. Be sure to use black ink in completing the application. The applicant assumes responsibility for insuring that all of the requested information is received by the Pleasant Valley Hospital Health Foundation, Inc. The Foundation assumes no responsibility for procuring the information.

Send the completed application, **NO LATER THAN Monday, April 1, 2023** to:

**Pleasant Valley Hospital Health Foundation
ATTN: Georgianna Tillis
2520 Valley Drive
Point Pleasant, West Virginia 25550**

General Information

Name in full _____
(First) (Middle) (Last) (Social Security No.)

Home Address _____ Telephone (____) _____
(Street)

(City) (State) (Zip)

Date of Birth _____ Place of Birth _____
(Month/Day/Year) (City/State)

Email: _____

Parents/Guardians (Optional for applicants over age 18):

Father (Living ____ Deceased ____) Mother (Living ____ Deceased ____)

Full Name _____

Full Address _____

Occupation _____

Type of financial assistance you are applying for:

- Grant-In-Aid Loan – Recipients are provided a direct education loan in a specified amount on a year-by-year basis. Recipients of the loan may apply in subsequent years for additional grant-in-aid loans and applications will be considered by the Foundation on a year-by-year basis. There exists the opportunity to obtain forgiveness pursuant to this program if the applicant meets certain requirements, which includes working/affiliating at Pleasant Valley Hospital in his or her profession for a specified period of time.

List college(s) or university(ies) where you have applied and/or been accepted. (Please include a copy of letter of acceptance from those schools to which you have been accepted.)

Define the program of study (i.e. PT, OT, Medicine, Nursing)? _____

What class will you enter in the Fall of 2023?

Freshman Sophomore Junior Senior

Post Graduate (Please explain) _____ Anticipated Date of Graduation: _____

Have you applied for, or are you receiving assistance from, another scholarship or loan?

Yes ____ No ____ If yes, please list with amount: _____

I have requested reference letters from the following individuals:

(Name)	(Address)	(Telephone)

Please request letters from the above references and attach them to this application or letters may be sent directly to the Health Foundation at 2520 Valley Drive, Point Pleasant, WV 25550

Academic Information

Schools you attended, by years. Indicate date of High School and College or University (if applicable) graduation.

_____ Graduated From: _____ Year _____

Please request an official transcript of your current grades (high school or college) and test scores to be sent **directly** to:

**Pleasant Valley Hospital Health Foundation
ATTN: Georgianna Tillis
2520 Valley Drive
Point Pleasant, West Virginia 25550**

High School Grade Point Average: _____ On what scale? _____

Standardized test scores: ACT composite _____ and/or SAT total _____

Honors/Activities

Indicate below your participation in school activities such as student government, school clubs, newspaper or yearbook, band or choir, speech and athletics or cheerleading, as well as honors, awards and special achievements (please feel free to use the back of this application if you need more space):

Indicate below your participation in community activities such as scouting, civic club and organizations, church and volunteer work (please feel free to use the back of this application if you need more space):

Work Experience

Indicate below your work experience (please feel free to use the back of this application if you need more space):

Position _____ Years _____

Position _____ Years _____

Position _____ Years _____

Essay

So that the Selection Committee may get to know you better, in your own words, and on a separate sheet of paper attached to this application, please tell us why you wish to pursue a career in the field of health care, and why you are applying for this scholarship. Limit 300 words.

Policy On Non-Discrimination

It is the policy of the Pleasant Valley Hospital Health Foundation, Inc., to provide equal opportunities to all prospective scholarship recipients on the basis of individual qualifications and merit without regard to race, sex, religion, age, handicap or national origin.

Further, Pleasant Valley Hospital will not discriminate against any applicant or employee, either in hiring, promotion, assigning, or in any other term or condition of employment, because of race, age, color, national origin, religious belief, sex, marital status or handicap.

I/We certify that the information in this application is true and correct. I/We hereby authorize the Pleasant Valley Hospital Health Foundation to obtain personal and academic information concerning this application from school(s) and references. I understand that this information may be kept confidential from me as well as the public, and I waive the rights of access that I may have by law. I further agree that, should I be awarded a grant-in-aid loan or scholarship, the Pleasant Valley Hospital Health Foundation may use my name and information provided in this application in news releases and other forms of information about the Pleasant Valley Hospital Health Foundation Scholarship program.

(Signature) (Date)

(Parent or Guardian, if applicant is under 18) (Date)