



HEALTH SERVICES AGENCY VOLUNTEER SERVICES

Dottie Stevens Memorial Health Care Scholarship Application: Award- \$1,000
Scholarship Requirements on Reverse Side of Application

In 1965, Dottie Stevens was one of the founders of the Scenic General Hospital Women's Auxiliary (now Stanislaus County Health Services Agency Volunteer Services--HSA). Dottie took time off from being a hospital volunteer during the 20 years she worked at Scenic General Hospital as a Medical/Surgical RN and Charge Nurse until she retired in 1990. She returned to volunteer at HSA volunteer until the age of 82. When Dottie saw a need, she filled it out of her love for others. Married to her beloved husband, Ken, for 64 years, Dottie was known for her beautiful smile and cheerful disposition. In her own words: "Life has been filled with the joys of being a wife, parent, and grandparent and having the opportunity to help others in so many ways."

(Please use additional paper, if needed)

Name: \_\_\_\_\_

First

Last

Address \_\_\_\_\_

Street or P.O. Box

City

Zip

Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of current school attending \_\_\_\_\_ GPA: \_\_\_\_\_

Name of school planning to attend next term \_\_\_\_\_

Major \_\_\_\_\_ Minor (if applicable) \_\_\_\_\_

Health care career are you pursuing at this time: \_\_\_\_\_

List all work related experience in the health care field: \_\_\_\_\_

Educational goals as they relate to the health care field: \_\_\_\_\_

Reason applying for scholarship: \_\_\_\_\_

List all work related experience in the health care field: \_\_\_\_\_

I certify that all of the information I have given above is accurate to the best of my knowledge. I understand that if I am awarded a scholarship and do not register for and attend classes I must return scholarship funding to the Stanislaus Health Foundation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **I. REQUIREMENTS**

In order to be eligible for this scholarship, applicant must:

1. Be a resident of Stanislaus County
2. Have a grade point average of 3.0 or above
3. Be pursuing a career in a health-related field

## **II. APPLICATION PROCESS**

Applicant must submit a completed application including:

1. Two (2) or more letters of recommendation
2. Official transcripts from current school year if awarded a scholarship

## **III. SUBMISSION PERIOD: February 1 through April 1, 2019**

1. Deadlines:
  - a. fax: midnight
  - b. hand-delivered: 5:00 p.m.
  - c. mailing: U.S. Post Office postmarked April 1

**Applications may be faxed, hand-delivered, or mailed to:**

Stanislaus Health Foundation  
830 Scenic Drive, Modesto, CA 95350  
Phone: 209.558.4179  
Fax: 209.558.8320

Please call 558-7116 if you have any questions.

The Stanislaus Health Foundation Scholarship Committee will screen all applicants and make a final selection. Scholarship recipients will be notified by May 2019.