

**Mills-Peninsula Health Services
Financial Aid Scholarship Program Application**

**FINANCIAL AID SCHOLARSHIP PROGRAM
GUIDELINES AND APPLICATION
2012**

From the individual funds of: Mills-Peninsula Health Services Auxiliary
 Mills-Peninsula Hospital Foundation

We are pleased to offer you this opportunity to apply for financial aid to support your education. The funding year is September through August.

To be considered, your **career aspiration** should meet one or more of the following criteria:

1. A clinical career within a **hospital setting** (especially where there is high recruitment activity), *or*
2. Your program, major or certificate should result in a **health care career** for which there is community need (this **excludes** Ph.D., M.D., D.D.S., **Chiropractic programs, Veterinary, Physician's Assistant, and other similar programs**), *or*
3. A non-health care related career with applicability in a hospital setting.

Graduate Programs meeting the above criteria will be considered for awards; however, due to limited funds, priority will be given to applicants pursuing undergraduate/certificate programs in a health care career.

Applicants other than current Mills-Peninsula employees must be a resident of San Mateo County for at least one (1) year. However, applicants need not be a citizen of the United States to apply.

When submitting your application, please include the following documents:

1. A one-page signed statement of career goals. Statement should include career plans for the future, further schooling, reason why career was chosen.
2. Transcripts from all schools attended in the past two years (may be sent separately and directly from school).
3. Copy of your last 1040 Income tax form. If you are being supported by parents/guardians, please include their 1040 forms.
4. For first time applicants, two (2) letters of recommendation from any of the following sources: school official or teacher, employer, clergy person or supervisor of a volunteer organization.
5. For Mills-Peninsula employees, a copy of your most recent performance evaluation.

Please note incomplete applications will not be accepted.

ALL INFORMATION IS CONFIDENTIAL

Mills-Peninsula Health Services Financial Aid Scholarship Program Application

Applications should be typewritten or printed and **submitted between December 1 and February 29, 2012, to:**

**Mills-Peninsula Scholarship Program
Auxiliary of Mills-Peninsula Health Services
Mills Health Center
100 South San Mateo Drive
San Mateo, CA 94401
Attention: Auxiliary Office/Scholarship Committee**

APPLICATIONS RECEIVED AFTER FEBRUARY 29, 2012 WILL NOT BE ACCEPTED.

The following steps and time frames outline process:

| STEPS | WHEN |
|--|------------------------------|
| Applications submitted | December 1st – February 29th |
| Application screened and Finalists interviewed by Scholarship Committee | April - May |
| Awards announced | May – Early June |
| Funds disbursed for school year September through August | July through September |

Awards will be considered on the basis of financial need, scholastic achievement and career potential. Once we have received your application, you will be notified of its status by mail. If you do not receive confirmation of our receipt of your application within 10 days of its submission, please call the Auxiliary Office at **650-696-4822**.

Note: This application is for the Mills-Peninsula Health Services Auxiliary and Foundation Scholarships only.

Other scholarships you may be interested in are listed below. Please contact the appropriate group.

For nursing career students, there is also the **Peninsula Health Care District, Financial Aid Loan Forgiveness Program** to which you may apply. This is separate from the Mills-Peninsula Scholarship Program. Contact for guidelines and application: The Peninsula Health Care District, 1600 Trousdale Drive, Suite 1210, Burlingame, CA 94010, phone: 650-697-6900. http://www.peninsulahealthcaredistrict.org/grant_rn.html

For the **Van R. Johnson Sutter Scholars Program Application** contact: Mills-Peninsula Health Services, Human Resources Department. For more information call 1-800-537-4180 (ask for the Van R. Johnson Sutter Scholars Program. This Scholarship is for the **children and grandchildren of employees of Mills-Peninsula Health Services**. Applications usually available in February.

PtRel\Scholar\Mills\IZ\10/18/11

Mills-Peninsula Health Services Financial Aid Scholarship Program Application

Personal Information Please type or print

Name _____ Circle one: Single Married Divorced Widowed Sex: M F

Legal Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Social Security Number _____ Age _____ Birth date _____

List any volunteer/community service work within the past three years _____

For Current Mills-Peninsula Employees only

Job Title _____ Department _____

Hours Worked per week _____ Work Site _____

Date of Hire _____

Would you continue to work at Mills-Peninsula while in school? Yes No

Prior scholarships received from Mills- Peninsula Auxiliaries or Mills-Peninsula Hospital Foundation?

| Source | Amount | Year |
|--------|--------|------|
| | | |
| | | |
| | | |
| | | |

Academic Information

Presently Attending _____

Current grade level or total semester units completed _____ GPA _____

School planning to attend in the fall semester/quarter _____

Address _____

City _____ State _____ Zip _____

Student status for the coming year: Full-time - # of units _____ Part-time - # of units _____

Expected Degree/Certificate/Major: _____ Expected Date of Graduation: _____

In which area of health career? (i.e., RN, LVN, OT, PT, etc.) _____

Have you been accepted into the healthcare program? Yes No (if no, when?) _____

Please have **official school transcripts sent to the Scholarship Committee** at the address on page 2.

Mills-Peninsula Health Services Financial Aid Scholarship Program Application

FINANCIAL STATEMENT *Confidential Information*

Income: Please provide financial information (list monies you expect to receive from any source) as **the award is based on financial need.**

| | Applicant | Spouse/Parents/Others | | Total |
|--------------------------|-----------|-----------------------|--|-------|
| Name | | | | |
| Employer | | | | |
| Length of Employment | | | | |
| Annual Gross Income | | | | |
| Other funding you expect | | | | |
| Scholarships | | | | |
| Grants | | | | |
| Loans | | | | |
| Financial Assistance | | | | |
| Total | | | | |

Expenses: Please list your **Yearly** expenses. Attach additional sheets if necessary. **If the total income is less than the expenses, please explain the deficit on the back of this form.** As this is a financial need scholarship, it is helpful for the committee to understand your situation. Thank you.

| | Applicant | Spouse/Parents/Others | | Total |
|---------------------------------------|-----------|-----------------------|--|-------|
| Rent | | | | |
| Mortgage | | | | |
| Specify other extraordinary expenses: | | | | |
| Child Care | | | | |
| Medical | | | | |
| | | | | |
| | | | | |
| Total | | | | |

How many people are supported by the income listed above including yourself? _____

Mills-Peninsula Health Services Financial Aid Scholarship Program Application

ESTIMATED BUDGET FOR SCHOOL YEAR

PLEASE NOTE: The amount you list below should be expenses for the school year. Example: If you are attending Fall and Spring semesters of the funding year, the total amount listed should be for both semesters. If you are attending only the Fall or only the Spring semester of the funding year, only show the amount needed for that semester. Summer sessions of the following year can be considered, since the funding year is September through August.

| | School of choice #1 | School of choice #2 | School of choice #3 |
|---|---------------------|---------------------|---------------------|
| Name of school | | | |
| Tuition/Fees | | | |
| Books | | | |
| Supplies | | | |
| Uniforms | | | |
| | | | |
| Dormitory (Room and Board at school if living away from home) | | | |
| Other expenses (explain) | | | |
| | | | |
| | | | |
| | | | |
| Total School Expenses | | | |

Funds you have for school

Funds for School _____

Family Contribution _____

Student Savings _____

Scholarships _____

Loans _____

Other Funds _____

Total Funds you have for school _____

Amount needed for tuition/fees/books/supplies/ uniforms _____

Amount needed for other expenses (Dorm, etc.) _____

Signature: _____

Date: _____

**Mills-Peninsula Health Services
Financial Aid Scholarship Program Application**

CONFIDENTIAL FINANCIAL STATEMENT

IF BEING SUPPORTED BY PARENTS/GUARDIAN/OTHER, PLEASE COMPLETE THE FOLLOWING:

Father's Name _____ Income _____

Mother's Name _____ Income _____

Other's Name _____ Income _____

Relationship _____

Savings \$ _____ Certificates of Deposit \$ _____

Other Income \$ _____

Trusts \$ _____

Social Security \$ _____

Child Support/Alimony \$ _____

Rental Properties \$ _____

Stocks/Bonds \$ _____

Own Home? _____ Value: \$ _____

Amount owed on mortgage \$ _____

Mortgage payment/month \$ _____

If you rent, monthly rent \$ _____

Special financial problems?
(Large debts, unemployment, medical expenses, etc.)

Please attach the latest completed Federal Tax Return (1040) and all supporting schedules (i.e. A, B, C, etc.)

**The above statements are true to the best of my knowledge.
Signature of student and parent/guardian:**

Student _____ Date _____

Parent/Guardian/Other _____ Date _____

**Mills-Peninsula Health Services
Financial Aid Scholarship Program Application**

**ATTACH THIS FORM AS YOUR COVER SHEET WHEN
RETURNING YOUR APPLICATION**

NAME: _____

DATE SUBMITTED: _____

Please assure that your package is complete at the time of submission, and that it is arranged in the order listed below:

- Program Application (pg. 3 of 7)
- Financial Statement (pg. 4 of 7)
- Estimated Budget for School Year (pg. 5 of 7)
- Confidential Financial Statement (*If applicable*) (pg. 6 of 7)
- Statement of Career Goals
- Official transcripts from all schools attended in the past two years sent directly to Scholarship Program
- Federal Tax Return (Form 1040 and attachments)
- Two (2) Letters of Recommendations (first time applicants only)
 - Not applicable
 - Most Recent Evaluation (Employees only)

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

(Office Use Only)
