

ADVISORY COUNCIL SCHOLARSHIP APPLICATION

Presented by HonorHealth Volunteer Services Advisory Council

Submission deadline: Noon on Wednesday, Jan. 15, 2025.

The HonorHealth Advisory Council Scholarship was established by our dedicated network of volunteers to encourage and support students attending college or university and pursuing a career in healthcare.

A one-time scholarship up to \$5,000 will be awarded to up to five students.

Eligibility requirements:

- Must be a resident of Arizona and enrolled at an Arizona college or university with a
 declared major in a healthcare field or program. Funds are made payable to the
 education institute where the recipient is enrolled for expenses for fall 2025.
- Demonstrate scholastic ability by having completed at least one-year in a healthcare related program (at least 24 college credit hours) with a GPA of 3.0.
- Be enrolled in a fully accredited college or carrying a minimum of 6 semester hours each term during the fall 2025 qualifying year and the award semester.
- Graduation must be December 2025 or later.
- Past winners of a scholarship are not eligible to win in consecutive years.

Application details:

- Complete and submit the Advisory Council Scholarship application.
- A one-page student statement that showcases goals and accomplishments, interests and community service activities. The use of AI technology (including but not limited to ChatGPT) is not permitted when writing your personal statement.
- One single-page letter of recommendation from a professional person, not related to you, who can support the information showcased in your statement.
- Complete copies of all college transcripts confirming current GPA and participation in a healthcare related program. (Official transcript must be submitted.)

Application submission:

Deadline to send completed applications and additional items is noon on Wednesday, January 15. All items are required for application to be reviewed.

By mail: HonorHealth Volunteer Office

Attn: Scholarship Committee 250 E. Dunlap Ave., Phoenix, AZ 85020

By email: StudentVolunteers@HonorHealth.com

Subject line should read: Advisory Council Scholarship Application

Additional information: Completed applications submitted by the deadline will be reviewed by the Scholarship Committee. Top candidates will be invited to attend an interview as part of the selection process. Interviews are planned for the first week of March 2025. Only those who attend an interview will be considered.

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First name: Last	Last name:		
Address:			
City:	_State:	Zip:	
Email:	_ Phone:		
Do you have a connection to HonorHealth?	Yes	No	
If yes, please explain:			
Use the Box Below to List All Community S	Service Organiz	ations Including Hono	rHealth
Organization name Supervisor			
-			
-			
Name of callege on university where calculate			
Name of college or university where scholarsh	•		
Include address of scholarship or financial aid	опісе.		
Field of study/declared major:			
Unweighted GPA: We			
Anticipated Graduation: # of			
I confirm the following documents are attached			
One-page student statement			
One-page letter of recommend	ation		
All college transcripts (official)			
FOR OFFICE USE ONLY: DATE & TIME APPLICATION RECEIVED:		BY:	

_____ CAMPUS: _____

HOURS SERVED: _____