

BOBBIE AND GEORGE KRAUS SCHOLARSHIP

Presented by HonorHealth Volunteer Services Advisory Council

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

The Bobbie and George Kraus Scholarship was established by the family of a former volunteer. Volunteers are a valuable asset to HonorHealth, as they work closely with team members to fulfill their mission of improving the health and well-being of those served.

A one-time scholarship for \$2,000 will be awarded.

Eligibility requirements:

- Resident of Arizona and graduated from an Arizona high school in May/June 2025.
- Served at least 30 hours as an HonorHealth volunteer before Jan. 1, 2025.
- Have a minimum, unweighted 3.0 GPA.
- Plan to be enrolled in a fully accredited college or university in fall 2025.

Application details:

- Complete and submit the Bobbie and George Kraus Scholarship application.
- A one-page response to the question, "What have you learned as an HonorHealth volunteer that will help you achieve your future goals?"
 - The use of AI technology (including but not limited to ChatGPT) is not permitted when writing your personal statement.
- A one-page letter of recommendation from a professional person (not related to you) preferably working in healthcare.
- A copy of your high school transcript (official or unofficial may be submitted.)

Application submission:

Send completed applications by noon on Wednesday, Jan. 15, 2025. All items are required for your 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: Kraus 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 currently planned for the first week in March 2025. Only those who attend an interview will be considered.

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First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

List All Community Service Activities, Including HonorHealth:

Organization name	Supervisor	Phone or email	Total hours

Current high school: _____

Unweighted GPA (from transcript): _____ Weighted GPA: _____

Name of college or university where scholarship will be used:

Include address of scholarship or financial aid office. If you have not yet selected a school, please list the schools that you have applied to.

Anticipated field of study: _____

I confirm the following documents are attached:

- One-page response to question
- One-page letter of recommendation
- High school transcript (official or unofficial)

FOR OFFICE USE ONLY:

DATE & TIME APPLICATION RECEIVED: _____ BY: _____

HOURS SERVED: _____ CAMPUS: _____