

Please list any educational loans and/or scholarships you will receive:

Please Read Carefully!

Your Application Will Not Be Considered If any of the Following Items Are Missing.

APPLICATION CHECKLIST – make sure all boxes below are checked off before submitting

Submit the following: (1) Email as an attachment to: foundation@carsonvalleyhealth.org (2) Mail to CVH Foundation, 1107 Hwy 395 N, Gardnerville, NV 89410 or (3) drop off at CVH Foundation Office, 897 Ironwood Drive, 3rd Floor, Minden, NV 89423.

- A brief profile of yourself emphasizing occupational goals and what drives you to enter the healthcare field
- Why you should be selected as a recipient
- Copy of grades (include unofficial record of grades, does not need to be notarized, see school counselor for assistance if needed)
- Copy of acceptance letter from school indicating program admitted to (must be fully accepted and not still taking general education requirements prior to starting professional program).
- Copy of first page only of parents' personal income tax return. If you are claimed by your parents we will only consider their tax return. If you are not claimed as a dependent by your parents, then submit your own tax return.
- Two letters of recommendation
- Do not submit until all boxes have been checked

PERTINENT INFORMATION FOR AWARDEES:

1. Monies will be disbursed directly to the college/university prior to the beginning of the fall semester.
2. Scholarship recipients are required to submit a copy of proof of registration for the fall semester or quarter before disbursement will be made.
3. Scholarship recipients are required to submit a copy of the first semester grades, showing proof of maintain a minimum 3.0 GPA on a 4.0 GPA scale.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian** _____ Date: _____

**if applicant is under the age of 18