



LARRY SWEENEY MEMORIAL SCHOLARSHIP APPLICATION 2024

Scholarships are granted through Grand River Health and Grand River Hospital District Volunteer Association

One Scholarship for \$5000 (*non-renewable*) and will be given to a student for their advanced (masters level or higher) degree in a health care related field. **The recipient must** have completed at least 25 hours of volunteer service or more at Grand River Health.

The scholarship will be issued in 2024 to any college or university, which offers the coursework necessary for the chosen medical field. The scholarship is for tuition, books, room and board or other fees necessary for attendance at one of the aforementioned institutions. Award goes to the institution of your choice in your name, not directly to the recipient of the scholarship.

WHO MAY APPLY?

Any person who lives in Grand River Hospital District or is/was a student in one of the three in-district high schools (*Rifle, Grand Valley or Coal Ridge*), or is an employee who wishes to pursue an advanced degree in the medical field, and is planning to attend a college or university in 2024/2025.

Under-graduate Grand River Health Medical Career Scholarship recipients **may apply** for this graduate-level scholarship.

HOW TO APPLY:

1. Complete the Application. *Make sure your application is complete. Incomplete applications will not be considered.*
2. Submit an Essay of approximately 500 words, which explains why you have chosen the health field you wish to study. (On separate page)
3. Short answer (approximately 200 words): What have been the challenges in your undergraduate career thus far?
4. Attach two (2) letters of recommendation *from someone other than a family member.*
5. Enclose your most recent copy of your college transcript, unofficial transcripts are accepted.
6. Attach your current Resume/CV showing volunteer, employee and community involvement.
7. Mail, email or deliver all information to the following address prior to the **deadline: April 3, 2024 @ noon**

Kaaren Peck, Director of Volunteer Services

970.625.6423

kpeck@grhd.org

Grand River Health

PO Box 912, Rifle, CO 81650

Application Deadline Date: April 3, 2024 @ noon

GRH SCHOLARSHIP APPLICATION

If needed, feel free to attach additional sheets of paper to complete these questions.

Applicant's Name: _____
Last First Middle

Mailing Address: _____
Street Address / Apartment Number / P.O. Box

_____ *City State Zip Code*

Current school: _____

Telephone: _____ Email Address: _____

Parent / Guardian Name: _____
Last First Middle

Name of School / Institution you are or are planning to attend _____

Tell us about your decision to attend this particular institution _____

What Degree / Field of Study are you seeking? _____

What is your vision after you complete your field of study?

DON'T FORGET TO ATTACH:

1. Your completed application.
2. Two (2) letters of recommendation (*from people other than family members*).
3. Your typewritten essay, about 500 words long, describing why you have chosen a medical career.
4. Short answer (about 200 words).
5. A copy of your current college transcript (can be unofficial).
6. Your current resume.