



NORTH VALLEY HEALTH EDUCATION FOUNDATION
1380 East Avenue, Suite 124, PMB 377
Chico, CA 95926
(530) 591-4161
www.NVHEF.org

A nonprofit organization dedicated to improving health through education.

December 1, 2021

Dear Scholarship Applicant,

Thank you for interest in and applying for a scholarship. This scholarship application is intended for current Enloe Medical Center employees furthering their medical education. Here is our timeline for your information and records.

The NVHEF proudly gives scholarships to students who have an intention of returning to Northern California. We give preference to any student who has graduated from a high school in the following counties:

Butte, Colusa, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yolo, Yuba.

Applications Available – December 2021, via our website www.NVHEF.org

**All Applications and Supporting Documents, including reference letters,
MUST BE RECEIVED BY MAIL OR VIA ONLINE APPLICATION**

By May 1, 2022.

Postmarks and hand-delivered applications are not acceptable.

Applicant interviews will be scheduled for a week in May 2022, yet to be determined.

If you have any questions on the application, please contact us via email to Sara@NVHEF.org.

Checks for the scholarships are mailed:

If scholarship granted is \$1,500.00 or less, one check will be sent.

If scholarship is \$1,501.00 or more, checks are mailed each semester.

If selected, you will need to submit your grades and your class schedule for the next semester to receive scholarship money for the school year 2022-2023 by **September 30, 2022.**

If you have not submitted your paperwork by this date, you will no longer be entitled to your scholarship money. *We recommend submitting your information by September 1, 2022 for the first installment of checks. You can submit your paperwork to our mailing address or via email to Sara@NVHEF.org.*

Checks for the scholarships are mailed each semester. You will need to submit your mid-semester grades prior to receiving the second check.



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**ENLOE MEDICAL CENTER: CURRENT EMPLOYEE FURTHER YOUR
 EDUCATION SCHOLARSHIP APPLICATION 2022-2023**

PERSONAL INFORMATION (Type or Print):

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Best phone number: _____

1.0 PROGRAM – CONTINUING EDUCATION - COLLEGE INFORMATION:

1.1 Where or how will this scholarship be used: _____

City: _____ State: _____

1.2 Purpose/Degree/Program: _____

2.0 SUMMARY OF ESTIMATED EXPENSES
Use Below if for Program or Continuing Education:

PROGRAM COSTS	
	Annual
Tuition/Fees (Direct costs paid to Program)	
Travel Expenses	
Hotel and Food Expenses	
Other: Please Specify	
TOTAL	



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Use below if scholarship will be used at College or University:

2022-2023 Estimated Full-Time Cost of Attendance for 9-Mo. Academic Year	
Please Use Your Institutions Cost of Attendance	Annual
Tuition/Fees (Direct costs paid to College/University)	
Book/Supplies	
Room/Board	
Transportation	
Miscellaneous/Personal	
Child Care	
Other: Please Specify	
TOTAL	

Estimated Assets/Income:

Cash on Hand: \$ _____
 Anticipated Scholarship Amounts: \$ _____
 Anticipated Grants/Waivers for use on Fees/Tuition: \$ _____
 Other Individual Assets (Trust Funds, Savings, 401K, Stock Accounts, etc.): \$ _____
 Expected W-2/Work Income: \$ _____
 Are There Additional Incomes, living with you, that contribute to your living and school expenses?
 NO YES If Yes, How Much is Expected: \$ _____
 Financial Support from parents: \$ _____
 Are they (parents) providing Room/Board? YES NO
 All Other Income \$ _____ Please describe _____
 Amount of Any REPAYABLE LOANS to DATE: \$ _____

3.0 PREVIOUS AWARDS (May not be applicable, if used for continuing education):

Foundation scholarship awards are normally limited to three (3) consecutive years. A fourth year might be considered in extenuating circumstances if it is necessary to complete a specific educational goal.

Have you received a prior scholarship from our foundation? Yes No

If yes, check which year(s): 2019 _____ 2020 _____ 2021 _____

4.0 OTHER GENERAL INFORMATION:

Answer all the items below that apply to your situation, as of the date of application:
 When do you expect to take/complete your program? Month: _____ Year: _____



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**5.0 THESE THREE (3) DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION:
Please limit all responses to a total of TWO (2) pages.**

5.1 A statement of your education and career goals.

- a. Describe your educational goals in the program/degree for which you seek this scholarship.
- b. What are your long-range education and career goals?
- c. Letter describing your ties to the local community and how this program/degree will benefit both you, your community, and Enloe Medical Center.

5.2 A statement of financial need.

- a. Describe the financial circumstances which show your need for this scholarship.
- b. What other efforts, if any, are you making to secure financial help to finance this educational program/degree?

5.3 If you are applying for scholarship for use for a college degree program: Please submit unofficial transcripts from colleges and universities attended.

- a. Your current school transcripts are needed.

ADDITIONAL REQUIREMENTS TO BE SUBMITTED: UPLOAD or MAIL IN by Deadline

1. Two (2) sealed letters of recommendation, one must be from YOUR CURRENT ENLOE MANAGER. Please be sure the persons you ask to write the letters will submit them by the deadline. The letters can be sent directly to the NVHEF mailing address or you may UPLOAD your letters of recommendation, if your reference allows.
2. Verification Letter showing Proof of Enrollment/Good Standing in the Program for which the scholarship will be used.



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CERTIFICATION BY APPLICANT:

I declare that all the information contained in this application and the supplemental application, including all attached documents and statements, is true and correct to the best of my knowledge. The North Valley Health Education Foundation has my permission to verify the information herein and to request an office copy of my most recent federal income tax return, if necessary. If approved for a scholarship, I agree to meet all the terms and conditions of the grant agreement:

1. Remain in the program for which the scholarship is granted;
2. Submit receipts for the registration fees paid;
3. Submit grade reports received for each quarter/semester funds are received.

The North Valley Health Education Foundation has my permission to access any and all information on my academic standing (including GPA), licensure pass rate, and job placement. (This information will be used for tracking purposes only.)

Applicant's Signature: _____

Date: _____

All applicants should submit via mail or online application with all required application materials, including attachments and verifications, directly to: North Valley Health Education Foundation, 1380 East Ave., Ste 124, PMB #377, Chico, CA 95926. All applications must be received no later than **May 1, 2022.** **Postmarks are NOT accepted! This is a firm deadline. No exceptions.**