Dear Applicant:

The Sutter Delta Medical Center Auxiliary congratulates the graduating class of 2016! We are pleased to take applications for our Scholarship with a value of $1000.00 from students who are planning a career in the Medical field.

1. Student must be accepted into a education based program in the Medical field (e.g. X-ray technician, RN Program, etc.
2. Student must have a grade point average of 3.0 or above.
3. Student must be a senior graduating in June of 2016 or attending college in pursuit of a Medical Career.
4. Student must be given points for volunteering in the community. (Written proof of hours must be provided.)
5. Student needs to include one Teacher or Administrator letter of recommendation.
6. Student submits a 500 word essay answering the question on how they feel they could make a difference in the Medical Field.

Point Structure will be: 1 point for 3.0 GPA
1.5 Points for 3.5 GPA
2 Points for 4.0 GPA

Points will be given for amount of Volunteer time:
20 Hours – 1 point
20-30 Hours – 1.5 Points
30-50 Hours – 2 Points
50-70 Hours – 2.5 Points
70 and above Hours – 3 Points

Applications will be read and selected by the Sutter Delta Medical Center Auxiliary Scholarship Committee. Please submit the following:

1. The Scholarship Form
2. One Unofficial Transcript.
3. One Letter of recommendation.
4. A letter verifying Volunteer Hours.
5. 500 word Essay.

Please send the above Documents together to:

Sutter Delta Medical Center Auxiliary Scholarship Committee
3901 Lone Tree Way
Antioch Ca. 94509

Deadline: May 27th 2016
The Recipients will be notified by phone.
Thank you and good luck in your future!
SUTTER DELTA MEDICAL CENTER AUXILIARY

SCHOLARSHIP FORM

Name of Student ____________________________________________

Student Address ____________________________________________

Student Phone Number (____) ________________________________

Student High School Graduation Date __________________________

Student Volunteer Hours ____________________________________

Student Volunteer Location __________________________________

Student Volunteer Program Director ____________________________

Volunteer Program Director Phone Number (____) ________________

Name of Medical Education Program Accepted

__________________________________________________________