

THE RULES GOVERNING THE ADMINISTRATION OF THE
POTOMAC HOSPITAL FOUNDATION ENDOWMENT FUND SCHOLARSHIPS

Prince William County 2009 Endowment Fund

1. The Potomac Hospital Foundation will award scholarships to high school seniors who are planning to enter full-time courses of study leading to bachelors' degrees in healthcare, a health-related field or nursing.
2. Scholarships will be awarded to Prince William County residents.
3. Scholarships for healthcare and a health-related field will be in the amount of \$1,000, with \$500 for each of three additional school years of continued enrollment. The Nursing Scholarship will be in the amount of \$1,000 with \$1,000 for each of three additional years of continued enrollment. Recipients will receive payment upon verification of registration and acceptance from an approved institution of study.
4. Recipients of any full scholarship to include National Merit Scholarships, ROTC Scholarships, and appointments to any service academy are not eligible for Potomac Hospital Foundation Endowment Fund Scholarships.
5. In order to qualify for consideration students must meet the following criteria:
 - a. Be a graduating senior of the class of 2009.
 - b. Be a Prince William County resident.
 - c. Plan to pursue a full-time course of study leading to a bachelor's degree in healthcare, a health-related field or nursing.
 - d. Complete a typed scholarship application form and submit by Monday, March 16, 2009 to: Scholarship Committee, Community Relations, Potomac Hospital, 2300 Opitz Boulevard, Woodbridge, Virginia 22191
 - e. Request that a letter of recommendation from a current teacher or counselor be sent by Monday, March 16, 2009 to the above address.
 - f. Request that a letter of recommendation from a personal reference be sent by Monday, March 16, 2009 to the above address.
 - g. Request a counselor to send a transcript and results on college entrance exams to the above address by Monday, March 16, 2009. (Failure to take college entrance exams shall not rule out consideration.)
6. Winners of the scholarship will be selected based on the following criteria:
 - a. General academic ability
 - b. Personal characteristics
 - c. Past academic record
 - d. Extra-curricular activities
 - e. Citizenship and community interest
7. The selection of the recipients will be made by the Scholarship Committee.

APPLICATION FOR THE POTOMAC HOSPITAL FOUNDATION
ENDOWMENT FUND SCHOLARSHIP/S 2009

PLEASE TYPE OR PRINT

Date _____

Applicant's Name _____ Telephone No. _____

Social Security # _____ Cell Phone _____ Email _____

High School _____ Date of Graduation _____

Home Address _____

Parents' Name(s) _____

Indicate your application category:

_____ Prince William County - Healthcare or a health-related field (exclusive of Nursing)

_____ Prince William County - Nursing

_____ Son/daughter, Potomac Hospital employee - Health related

Is your parent an employee of Potomac Hospital? _____

If so, in what position is he/she employed? _____

County of Residence _____

If currently a high school student:

What school do you expect to attend? _____

What type of school is this? (Circle one)

University School of Nursing Trade School College Technical Institute Community College

Other (Specify) _____

What course of study do you intend to pursue? _____

Have you been accepted by this school? Yes _____ Not yet _____

If currently enrolled in a post secondary school, what school do you attend? _____

Current field of study _____

Expected date of completion _____

Complete the following sections:

Extra-curricular Activities _____

Community Activities _____

Volunteer Work (indicate year and hours per week) _____

Hobbies and/or interests _____

Honors and Awards _____

Any other work or life experiences which contribute to your future educational and career plans _____

Have you received any other scholarships? Yes _____ No _____

If so, list the amounts and sources _____

Attach a typewritten essay, not to exceed 500 words, on your interest in continuing your education and your plans to enter a career in the area of health services.

Student Acknowledgement:

I hereby apply for a Potomac Hospital Foundation Endowment Fund Scholarship. I have read and agree with the rules governing the administration of the scholarship.

Signature _____

Date _____

Parent/Guardian Acknowledgement:

I am aware that my son/daughter is applying for this scholarship. I have read the information concerning this award, agree to the conditions set forth, and affirm the facts stated herein are true.

Signature _____

Date _____