



RULES GOVERNING THE ADMINISTRATION
OF THE SENTARA POTOMAC HOSPITAL
ENDOWMENT FUND SCHOLARSHIP

Medical School Students 2010

1. Sentara Potomac Hospital will offer a scholarship to a student who is presently enrolled or accepted in a medical school in Virginia for the fall of 2010.
2. The student must have been a Prince William County resident at the time of high school graduation.
3. The scholarship will be in the amount of \$2,000, with \$1,000 for each of up to three additional school years of continued enrollment.
4. Recipients of any full scholarship will not be considered, as disbursements will be made directly to the medical school.
5. In order to qualify for consideration the student must:
 - a. Complete a typed scholarship application form and mail by Monday, May 10, 2010 to:

Sentara Potomac Hospital
Marketing and Community Relations
2300 Opitz Boulevard
Woodbridge, VA 22191
 - b. Request that the following information be sent to the above address by Monday, May 10, 2010.
 1. A letter of recommendation from a college professor or other professional
 2. A letter of recommendation from a personal acquaintance
 3. Official transcripts from your high school and college
 4. Verification of acceptance or enrollment in a medical college in Virginia
6. The scholarship winner will be selected based on the following criteria:
 - a. Past academic records
 - b. Personal characteristics
 - c. Citizenship and community interest
7. The selection of the recipient will be made by the Sentara Potomac Hospital Endowment Fund Scholarship Committee.



Medical School Students

PLEASE TYPE

Date _____

Applicant's Name _____

Telephone/Cell No. _____

Email _____ Date of Birth _____

High School _____ Date of Graduation _____

Current Address _____

What is your current status: Undergraduate student _____ Graduate student _____ Other _____

Explain _____

Have you been accepted by a medical school? _____

Name of school and date of entrance _____

Complete the following sections:

A. Past Community Activities _____

B. Volunteer Work (indicate year and hours per week) _____

C. Hobbies and/or interests _____

D. Honors and Awards _____

E. 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 the medical profession.

Student Acknowledgement:

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

Signature _____ Date _____