**HONEY LAKE HOSPICE SCHOLARSHIP**

In Memory of MARGE DUNLAVY

Hospice is a program of flexible services that provide compassionate care wherever a terminally ill patient chooses to live. Hospice affirms life but regards dying as part of the normal process. Hospice neither hastens nor postpones death. With hospice, family members are directly involved in making decisions and in helping the person they love. It provides many benefits that are not possible in a traditional healthcare setting. In most cases, hospice care enables people to die at home, in comfort, and surrounded by the people they love.

Scholarship Eligibility:

* Resident of Northern California
* Student at a Northern California or a Northern Nevada college
* Completed the first semester of college with a minimum GPA of 2.5
* Plan to continue education in the field of nursing, medicine, or related health care at an accredited 2- or 4-year College or University with a goal to work in the field of gerontology, oncology, or hospice and palliative care

AWARD AMOUNT:

The $1500 flexible amount scholarship will be paid to the College or University when Honey Lake Hospice has received official proof and notification of enrollment from the College Registrar. The scholarship money must be claimed within the school year it is awarded, either in the first or second semester.

The successful recipient may apply again for further scholarship assistance in a future year of college.

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APPLICATION MUST INCLUDE:

1. Completed Application
2. High School and College Transcripts
3. One-page typed autobiography which includes your goals and how this scholarship will benefit you.
4. A short, typed statement of need – what are your sources of payment for your college education?
5. Two letters of recommendation – one from a family friend, employer, clergy, or community organization you have volunteered for; one from an instructor you took a class from, or a Dean at your college.
6. Essay expressing intent to work in gerontology, oncology, or hospice and palliative care
7. Completed “Counselor or Dean’s Report on Applicant”

SCHOLARSHIP APPLICATION DEADLINE:

Return **completed** scholarship application and **all** attachments to:

Honey Lake Hospice

PO Box 1166

Susanville, CA 96130

DEADLINE:

MARCH 15 (of each year)

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HONEY LAKE HOSPICE SCHOLARSHIP

APPLICATION

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of high school from which you graduated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of college you are attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University to which you may plan to transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted?\_\_\_\_\_\_\_\_\_\_\_Proposed start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed major subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed date of graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For which field of health care are you preparing?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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COUNSELOR OR DEAN’S EVALUATION

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has the applicant been a student in your school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student dependable?

 Outstanding ( ) Average ( ) Fair ( )

Does the student accept responsibility?

 Outstanding ( ) Average ( ) Fair ( )

Has the student maintained a sincere interest in his/her studies?

 Outstanding ( ) Average ( ) Fair ( )

Do you recommend this student for this scholarship?

 Highly ( ) Good degree of confidence ( ) With some doubt ( )

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

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HONEY LAKE HOSPICE PRIVACY POLICY

Only those applying for the scholarship may provide information to Honey Lake Hospice. The completed scholarship application is to be returned to Honey Lake Hospice via U.S. mail. The information will be shared with the scholarship evaluators; a committee formed by the Board of Directors.

Once the scholarship has been awarded, only the successful applicant’s application will be retained for future reference. All others will be destroyed.

The name, educational plans, and city of residence, in addition to appropriate quotes from the applicant’s essays, may be shared with local media for publication.

Retained information will be stored in the hospice office, and only be accessible to office staff, the scholarship committee, and the Board of Directors; all of whom are volunteers who have signed a non-disclosure agreement.

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