

## The Frederick Health Auxiliary Application Form

NAME IN FULL	
COMPLETE MAILING ADDRESS, INCLUDING CITY, STATE, AND ZIP CODE	
HOME PHONE NUMBER	
CELL PHONE NUMBER	
E-MAIL ADDRESS	
HIGH SCHOOL	
CAREER CHOICE/INTENDED MAJOR (BE SPECIFIC)	
CHOSEN COLLEGE (IF KNOWN)	
FULL-TIME COLLEGE START DATE MONTH AND YEAR	

**Application Packet MUST include:**

- the completed application form
- personal résumé (include extra-curricular/community activities, volunteer service, and employment experiences)
- an **official** high school transcript, including grades from the 2023 Fall semester
- SAT and/or ACT scores (optional)
- an essay, including your goals in a health-related field, insights and experiences gained through your volunteer service, and how being awarded this scholarship would be of benefit to you **(500-word maximum)**
- complete and submit signed documentation of volunteer hours (if earned through an organization other than the Frederick Health Jr. Volunteer Program), one Volunteer Hours and Community Service Record form per organization

**Email completed application packet with attachments to:**

**[bwalters@frederick.health](mailto:bwalters@frederick.health)**

**Do not use Google Docs or place documents in a zip file.**

<b>APPLICATIONS MUST BE EMAILED BY MARCH 15, 2024</b>
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## **VOLUNTEER HOURS AND COMMUNITY SERVICE RECORD**

*Please complete a separate form for each different outside organization.*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

### **Community Organization Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Service	Hours Completed that Date		Date of Service	Hours Completed that Date
			<b>Total Hours</b>	

**Tasks Completed:** *To be completed by student*

**Supervisor Comments:** *Please include your assessment of the student's commitment to your organization, quality of work, and attendance*

Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Phone \_\_\_\_\_ Supervisor Email \_\_\_\_\_