



Antelope Valley
Medical Center

Volunteer Auxiliary Student Scholarship

*Helping students
achieve their
healthcare goals.*



www.avmc.org/scholarship



ANTELOPE VALLEY MEDICAL CENTER AUXILIARY

Student Scholarship Requirements

2025

1. ELIGIBILITY

- A. Any high school senior that has been accepted to study a health-care curriculum at an accredited college, university, or technical school. The school to be attended need not be a California institution.
- B. Applicants must be residents of the Antelope Valley High School District for at least two years.
- C. In order to be competitive, a minimum cumulative **3.5 GPA** is required.

2. PERTINENT FACTS

- A. Antelope Valley Medical Center's Auxiliary is granting a total of (10) one thousand dollar scholarships. They will be awarded annually based on a student's scholastic achievement, school and community service, health care related activities, and desire to enter a health care profession.
- B. Scholarships will be awarded to selected individuals at their Scholarship Awards Ceremonies.

3. APPLICANT'S RESPONSIBILITIES

- A. Application **must** be made on the attached application form or photocopy thereof.
- B. Application must be typed or printed legibly; **illegible applications may be denied.**
- C. Two personal reference letters must be included with this application. Reference letters from your most recent employer, counselor, instructor, club/activity/student advisor, community or church leader (someone other than a relative) are recommended.
- D. Submit items 1-4 in a manila envelope to the Volunteer Office no later than 5pm Friday, March 7, 2025. Please label envelope with "AVMC Scholarship Application 2025" if delivering by hand.
 - 1. Application
 - 2. Two letters of recommendation (no envelopes please)
 - 3. High school transcript signed by school counselor (no envelopes please)
 - 4. A current photograph

Hand Deliver to: Antelope Valley Medical Center Volunteer Office
44241 15th Street West Suite #103
Lancaster, CA, 93534

Mail to: Antelope Valley Medical Center
Volunteer Services Department
1600 West Avenue J
Lancaster, CA 93534

APPLICANTS WILL BE DENIED IF APPLICATION AND DOCUMENTS ARE LATE OR INCOMPLETE or ILLEGIBLE

**ANTELOPE VALLEY MEDICAL CENTER
AUXILIARY
STUDENT SCHOLARSHIP APPLICATION**
Information must be typed or printed legibly.

DEADLINE - Application and required documents must be submitted to the Volunteer Services Department by **5pm Friday, March 7, 2025**. If the Door is locked at that time, please feel free to slide the envelope under the door. We encourage all students that meet the requirements to submit an application.

PERSONAL INFORMATION

1. Name: _____ Birth Date: _____
2. Current address: _____ City: _____ Zip: _____
3. Applicants Cell phone: _____ Email : _____
4. Parent(s) and/or guardian(s) Names: _____ / _____
Cell phone: _____ Home phone: _____

EDUCATIONAL BACKGROUND

5. Name of High School: _____
6. Name of college, university or technical school you plan to attend in the **fall of 2025**.
7. Major or area of specialization: _____
8. Scholastic standing: Accumulated GPA (**must be 3.5 or higher**): _____
9. Name of aptitude or achievement test: _____ Score: _____
10. In what area of health care do you plan to pursue as a career? _____

ACTIVITIES

11. Volunteer Activities:

12. Community Activities:

13. Please list any awards, honors, scholarships, etc. you have received.

WORK EXPERIENCE

14. List all work experience in which you have participated:

PROFILE OF APPLICANT (100 words or less)

15. What qualification do you feel you have to pursue a health care career?

PERSONAL REFERENCES

16. Submit **2** letters of recommendation with application.

CONSENT FOR RELEASE OF INFORMATION

"I hereby consent to the release of information in connection with the foregoing that in the sole judgment of the AVMC Scholarship Committee may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as the Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose."

Signature of applicant: _____ Date completed: _____

SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS BY:
5PM FRIDAY, MARCH 7, 2025

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44241 15th Street West Suite #103
Lancaster, CA, 93534
(IF DOOR IS LOCKED, PLEASE SLIDE UNDER)

Mail to: Antelope Valley Medical Center
Volunteer Resource Department
1600 West Avenue J
Lancaster, CA 93534