

**Volunteer Auxiliary, Florida Hospital Flagler  
Adopted June, 2009  
Changes to policy on Teenage Volunteer (TAV) HONORARIUM/SCHOLARSHIP**

**TAV SCHOLARSHIP**

**Purpose:**

**To provide outstanding Teenage volunteers, who are currently graduating from high school, with a scholarship toward their college education in a health-related field.**

**Eligibility:**

**Must be recommended by the TAV chairperson and Service Area chair and /or nurse/Dep't. head and/or volunteers in a particular department.**

**The TAV chairperson shall recommend the nominees to the Board for approval.**

**Must have completed a minimum of 200 hours and 18 months of service and be currently regularly working as a volunteer.**

**Must have registered at an accredited 2 or 4 year program in a health-related field such as pre-medicine, nursing, physical therapy, Speech therapy, etc.**

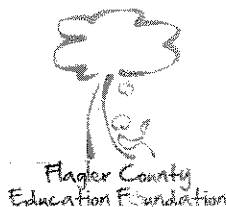
**Must have an official transcript from current high school (or college, if dual-enrolled)**

**Must submit a letter to the Auxiliary stating her/his career goals.**

**The TAV Committee will review all eligible teens and recommend the amount of the award, usually \$500. No more than 2 awards may be presented in one year.**

**In the event of a tie, the voting Board members of the Auxiliary will review the Applications and vote. A majority will decide.**

**The check will be made payable to the accredited college or university once the student has provided proof of acceptance. If the student fails to attend that school, the student will have to notify the Auxiliary of the school chosen so that the scholarship can be forwarded to that school. If no school is chosen, the funds will be re-deposited in the treasury of the Auxiliary.**



## Florida Hospital Flagler-Volunteer Auxiliary Senior Scholarship Application 2011-2012

*MUST be completed by Student to be considered for Local Scholarships*  
RETURN TO SCHOOL GUIDANCE by MARCH 15, 2012

Student Name (first & last):

Address (include city & state):

I am a United States citizen (indicate yes or no):

Parent/Guardian Name:

Phone:

My parent/guardian is a veteran (indicate yes or no).

**Future Educational Plans:** Provide a copy of your acceptance letter with this application or, submit an acceptance letter as soon as it is available whether it is a community college, business, technical school or four-year college/university. Indicate which one below you will be attending.

### Area of Study:

I plan to major in the area of:

I plan to receive a certificate in the career of:

**Career Goals** (Be specific):

**PLEASE ATTACH RESUME TO ALL SCHOLARSHIP APPLICATIONS. IF  
APPLYING FOR SEVERAL ATTACH YOUR RESUME TO EACH ONE!**

Define any special need for this scholarship.

All of the above information is correct, to the best of my knowledge.

Student Signature:

Date:

(Parent Information OVER)

## SENIOR SCHOLARSHIP APPLICATION 2011-2012

PARENT /GUARDIAN INFORMATION – PLEASE complete this section regardless of income level. This may be a determining factor when selections are made.

Total income for the year 2011:

Includes Wages, Interest, Capital Gains, Social Security Benefits, etc.

\$0 - \$25,000

\$25,001 – \$35,000

\$35,001 – \$45,000

\$45,001 and up

Total Estimated Income for the year 2011:

\$0 - \$25,000

\$25,001 – \$35,000

\$35,001 – \$45,000

\$45,001 and up

Parent / Guardian Employer(s):

Parent / Guardian Employer(s):

Amount of child support received for this student:

Amount of alimony received by parent who is filing this form:

Is there any agreement specifying a contribution for student's education?

If Yes, how much per year?

The above information is correct to the best of my knowledge.

Parent / Guardian Signature:

Date:

For questions please contact the following:

Matanzas High School-Kathy Summerlot #386.447.1575 x5118 or  
[summerlotk@flaglerschools.com](mailto:summerlotk@flaglerschools.com)

Flagler Palm Coast High School-Elke Sterzer #386.437.7540 x1022 or  
[sterzere@flaglerschools.com](mailto:sterzere@flaglerschools.com)