



PARKVIEW FOUNDATION RUTH E. & O. DALE HARMON SCHOLARSHIP FOR PARKTEENS

To be eligible for the Ruth E. Harmon Scholarship, the individual must meet the following criteria.

- 1) Must be enrolled in the Parkteen Program for a minimum of one year and must have a minimum of 100 hours of volunteer service accrued.
- 2) Must agree to pursue a course of study in a health related field at an accredited college or university. The student must enroll in a minimum of 9 credit hours.
- 3) Must maintain a 3.0 grade point average or better.
(on a 4.0 scale)
- 4) Must demonstrate outstanding volunteer service to Parkview Medical Center and have achieved academic excellence while in school.
- 5) Must complete a scholarship application.
- 6) Must attach high school transcripts.
- 7) This scholarship is for one year only and may not be renewed.

RETURN COMPLETED APPLICATION TO:

Pam Medina
Director of Volunteers/Patient Relations
400 W. 16th Street
Pueblo, CO 81003
(719) 584-4496

PARKVIEW FOUNDATION RUTH E. & O. DALE HARMON SCHOLARSHIP APPLICATION FOR PARKTEENS

GENERAL INFORMATION:

Last _____ First _____ M.I. _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____
Social Security Number _____ Birth date _____

EDUCATION:

High School	Year(s) Attended	Diploma
Vocation/Trade School	Year(s) Attended	Diploma
Other	Year(s) Attended	Diploma

REFERENCES:

Please list three (3) references eg. (Teacher, Counselor, Job Supervisor)

1)	Name	Job Title
	Address	Phone Number
2)	Name	Job Title
	Address	Phone Number
3)	Name	Job Title
	Address	Phone Number

- 1) Have you applied and been accepted into a healthcare program of an accredited college or university?
() YES () NO

Name of college or university you plan on attending.



- 2) Do you plan on attending school? ()FULL TIME () PART TIME
- 3) What is your cumulative grade point average?
- 4) Please list clubs and organizations you were involved in while in school.

- 5) Please list your extracurricular activities in the community, if any.

- 6) Describe how being in the Parkteen Program has helped you.

- 7) Upon completion of your schooling, how do you feel your education will enhance the quality healthcare delivered by Parkview Medical Center?

- 8) Is your attendance to college contingent upon this scholarship or any financial assistance? ()YES ()NO
- 9) Have you been awarded any other scholarships? ()YES ()NO
 If yes, please list each scholarship and the amount you are receiving.

- 10) Please make sure you have read and understand all of the conditions and terms relating to the agreement below before signing.

The Ruth E. and O. Dale Harmon Scholarship for Parkteens is for one year. The scholarship funds are paid directly to the accounting office of the college or university selected by the recipient. The scholarship is designed to pay the maximum amount awarded for tuition and fees. In no event may the recipient receive this scholarship for more than two academic school years.

If circumstances should arise that the recipient drops out of the health care program, does not obtain a 3.0 grade point average or has not performed satisfactorily as a Parkteen for Parkview Medical Center, a decision shall be left to the discretion of the Scholarship Committee as to whether or not to continue the award.

Signed

Dated

