



Mountain Valleys Health Centers SCHOLARSHIP PROGRAM

Mountain Valleys Health Centers will be offering ONE high school senior a \$1,500 college scholarship that is graduating from the following areas:

Big Valley, Fall River Mills, Burney, Mount Shasta,
Weed, Butte Valley and Tulelake

Scholarship Details:

- Must be going into the Healthcare Field
- Must have an accumulative 2.5 GPA
- Must submit a completed application
- Must submit a 1000-word essay titled, **"Why I Want to Work in Healthcare"**
- \$750 will be given at the beginning of the **1st term** registration, and \$750 will be given with receipt of **2nd term** registration and **1st term transcript**

Submittal Checklist:

- ☐ Application
- ☐ 1000 Word Essay
- ☐ Proof of High School Transcript showing GPA

After Enrolling in College:

- ☐ Submit proof of registered classes
- ☐ Submit Student I.D.
- ☐ Submit College address

The scholarship will be mailed directly to your college.

Please submit all documents to Lauren Farmer at
lfarmer@mountainvalleys.org

Deadline: May 15, 2025



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Scholarship Application:

Name: _____ Date of Birth: _____

Address: _____ Phone: (Cell) _____

(Home) _____

Email: _____

High School: _____ Graduation Date: _____

Cumulative GPA: _____

Parent Information:

Name: _____

Address: _____ Phone: (Cell) _____

(Home) _____

Email: _____

By signing this form, I do hereby agree the provided information is true. I agree that I understand the rules of the scholarship program, and no monies will be received until I show proof of my college registration. I also agree that if I am selected as an MVHC Scholarship Awardee, MVHC may contact my high school and my parent/guardian(s). If I am selected as a recipient of the MVHC Scholarship Award, MVHC may publish my name in public forums including but not limited to social media forums and local newspapers.

Printed Name *Signature* *Date*

Printed Name of Parent *Signature of Parent* *Date*

For MVHC Use Only

Date Received: _____ Completed Items: ☐ Application ☐ Essay ☐ HS Transcript

Received by: _____ ☐ Approved

Received by Management: ☐ Yes ☐ No ☐ Not Approved