



John Muir Medical Center
Concord Campus

Volunteer Services
2540 East Street
Concord, CA 94520

T. (925) 674-2165
FAX. (925) 674-2659

TO: Applicant

RE: Edna Haywood Scholarship Fund

The John Muir Medical Center, Concord Volunteers offer scholarships to students who are pursuing a health career. In 1967, the Volunteers created the scholarship fund in honor of Edna Haywood, the nurse who founded the first hospital in Concord in 1930.

Students may apply only after general college courses have been completed and/or clinical training has begun. *A condition of eligibility is that the applicant's home address must be within the Medical Center service area which included Contra Costa and Southern Solano Counties. Applicants must maintain full time status (12 hours or more per semester) and will be required to participate in a personal interview with the Scholarship Selection Committee.

Awards are based on financial need, scholastic ability, interview and personal aptitude. Scholarships are granted subject to verification of the applicant's acceptance by an accredited school. **Awards are announced in June;** scholarship money is sent directly to the school in the student's name prior to the school term.

HOW TO APPLY:

Requests for an application packet may be made AFTER January 1st of each year. Please mail your request to:

John Muir Medical Center, Concord Volunteers
ATTN: Edna Haywood Scholarship
2540 East Street
Concord, CA 94520

*EXCEPTION: John Muir Health Employees



EDNA HAYWOOD SCHOLARSHIP APPLICATION INSTRUCTIONS

Each applicant should send a manila envelope containing the following:

1. Complete scholarship application form supplied by the John Muir Medical Center, Concord Volunteers and submit by end of business on April 30th. Be sure to include the name of the school where the applicant has been accepted.
2. If applications to school or schools are still pending, student should give the name of the school(s) to which he or she has applied, and notify the Committee Chairperson as soon as he/she is accepted. Acceptance to a program is required for the award.
3. A copy of the official transcript of grades from college(s)/university(ies) attended. A minimum GPA of 3.5 from the last two years of academic study is required.
4. An essay from 300-500 words stating chosen healthcare career and your reasons for choosing this career and why the scholarship funds are needed. Also include a list of activities/memberships in school and community organizations; employment after school and during vacations; and any other information that would be helpful to the Committee.
5. A letter of recommendation from a member of the faculty of the college/university most recently attended, and a letter from a supervisor/employer.
6. A letter of personal reference, excluding relatives and family members.
7. A wallet size photograph (approx. 2.25" by 3.5" – similar to a passport photo).

Scholarship applicants are advised to send in the required information as *early as possible* in order to allow the Committee adequate time to evaluate all applications and arrange interview appointments. Completed applications should be sent to the Scholarship Committee and **MUST BE RECEIVED BY END OF BUSINESS ON APRIL 30th.**

MAIL TO: John Muir Medical Center, Concord Volunteers
 Edna Haywood Scholarship
 JOHN MUIR MEDICAL CENTER, Concord
 2540 East Street
 Concord, CA 94520



JOHN MUIR MEDICAL CENTER, CONCORD VOLUNTEERS
EDNA HAYWOOD SCHOLARSHIP APPLICATION
(PLEASE COMPLETE FULLY)

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

COLLEGE OR UNIVERSITY NOW ATTENDING _____

YEARS ATTENDED _____ ANNUAL TUITION _____

Are you applying for other schools? YES NO If yes, please list:

_____ ANNUAL TUITION _____

_____ ANNUAL TUITION _____

EDUCATION OBJECTIVE: _____

Have you ever been a Junior/Student Volunteer at JMMC, Concord? YES NO

If yes, what year(s) _____ Total Hours Volunteered _____

Are you currently employed? YES NO If yes, please answer the following:

PLACE OF EMPLOYMENT _____ Full Time Part Time

JOB TITLE _____ LENGTH OF CURRENT EMPLOYMENT _____ SALARY _____

ADDITIONAL INCOME? YES NO If yes, SOURCE _____ AMOUNT _____

MARITAL STATUS _____ If married, give name, occupation & salary of spouse:

_____ (SPOUSE'S NAME) (OCCUPATION) (SALARY)



JOHN MUIR MEDICAL CENTER, CONCORD VOLUNTEERS

EDNA HAYWOOD SCHOLARSHIP APPLICATION

(TO BE COMPLETED BY PARENT(S) of applicant if claimed as dependent or if applicant is receiving income/allowance from parent(s))

APPLICANT'S NAME (LAST) (FIRST) (MIDDLE)

ADDRESS (STREET) (CITY) (STATE) (ZIP)

TELEPHONE SCHOOL ATTENDING

FATHER'S NAME OCCUPATION

PLACE OF EMPLOYMENT

GROSS ANNUAL INCOME NET INCOME

MOTHER'S NAME OCCUPATION

PLACE OF EMPLOYMENT

GROSS ANNUAL INCOME NET INCOME

Table with 4 columns: NAME, AGE, M / F, SCHOOL GRADE. Header: Please list other children in family:

Please give us any additional information about financial obligations that might affect family ability to support this student in college. This information is important to us, so please consider it carefully. (use reverse side, if necessary)

How much per year can you contribute to your son's/daughter education? \$

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE