

# **Honey Lake Hospice Scholarship**

In Memory of Marge Dunlavy

Hospice is a program of flexible services that provides compassionate care wherever a terminally ill patient chooses to live. Hospice affirms life but regards dying as part of the normal process. It neither hastens nor postpones death. With hospice, family members are directly involved in making decisions and helping the person they love. It provides many benefits that are not possible in a traditional healthcare setting. In most cases, hospice care enables people to die at home, in comfort, and surrounded by the people they love.

## **Scholarship Eligibility:**

- Current or former resident of Northern California
- Student at a Northern California or a Northern Nevada college
- Completed the first semester of college with a minimum GPA of 2.5
- Plan to continue education in nursing, medicine, or related health care field at a accredited 2 or 4-year college or university with a goal to work in gerontology, oncology, or hospice and palliative care.

## **AWARD AMOUNT:**

The \$2000 scholarship award will be paid to the college or university when Honey Lake Hospice receives official proof and enrollment notification from the College Registrar. The scholarship money must be claimed within the school year it is awarded, either in the first or second semester.

The successful recipient may apply again for further scholarship assistance in a future year of college.

## APPLICATION MUST INCLUDE:

1. Completed Application
2. High School and College Transcripts
3. One-page typed autobiography which includes your goals and how this scholarship will benefit you.
4. A short, typed statement of need – what are your sources of payment for your college education?
5. Two letters of recommendation – one from a family friend, employer, clergy, or community organization you have volunteered for; one from a current or previous class instructor, or Dean at your college.
6. Essay expressing intent to work in gerontology, oncology, or hospice and palliative care.
7. Completed “Counselor or Dean’s Report on Applicant”

## SCHOLARSHIP APPLICATION DEADLINE:

Return **completed** scholarship application and **all** attachments to:

Honey Lake Hospice  
PO Box 1166  
Susanville, CA 96130

## DEADLINE:

MARCH 15 (of each year)

HONEY LAKE HOSPICE SCHOLARSHIP  
APPLICATION

Full Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name and address of high school from which you graduated: \_\_\_\_\_

\_\_\_\_\_

Name and address of college you are attending: \_\_\_\_\_

\_\_\_\_\_

College or university to which you may plan to transfer: \_\_\_\_\_

\_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Proposed start date: \_\_\_\_\_

Proposed date of graduation: \_\_\_\_\_

Proposed major subject: \_\_\_\_\_

For which field of health care are you preparing?: \_\_\_\_\_

\_\_\_\_\_

## COUNSELOR OR DEAN'S EVALUATION

Name of Applicant: \_\_\_\_\_

How long has the applicant been a student at your school? \_\_\_\_\_

Is the student dependable?

Outstanding ( )

Average ( )

Fair ( )

Does the student accept responsibility?

Outstanding ( )

Average ( )

Fair ( )

Has the student maintained a sincere interest in his/her studies?

Outstanding ( )

Average ( )

Fair ( )

Do you recommend this student for this scholarship?

Highly ( )

Good degree of confidence ( )

With some doubt ( )

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HONEY LAKE HOSPICE PRIVACY POLICY

Only those applying for the scholarship may provide information to Honey Lake Hospice. The completed scholarship application must be returned to Honey Lake Hospice via U.S. mail. The information will be shared with the scholarship evaluators, a committee formed by the Board of Directors.

After the scholarship has been awarded, only the successful applicant's application will be retained for future reference. All others will be destroyed.

The name, educational plans, and city of residence, in addition to appropriate quotes from the applicant's essay, may be shared with local media for publication.

Retained information will be stored in the hospice office, and only be accessible to office staff, the scholarship committee, and the Board of Directors.