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. Hospice neither hastens nor postpones death. With hospice, the family members are directly involved in making decisions and in 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.

BASIS FOR AWARD:

The applicant must have successfully completed his/her first semester of college with a minimum GPA of 2.5 and who will be continuing her/his education in the field of nursing, medicine or related health care at an accredited 2 yr. or 4 yr. College or university.

The applicant should have an interest in gerontology, oncology and/or hospice and palliative care and be able to express that interest in an essay.

AWARD AMOUNT:

The $1500 flexible amount scholarship will be paid to the College or University for disbursement when Honey Lake Hospice has received official proof and notification of enrollment 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-person or community organization you have volunteered for, and one from an instructor you took a class from or a Dean at your college.
6. Essay expressing interest in gerontology, oncology and/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
P.O. Box 1166
Susanville, CA 96130

DEADLINE:

March 15 _(of each year)_
HONEY LAKE HOSPICE SCHOLARSHIP

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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 major subject:____________________________________________________

Proposed date of graduation and Bachelor’s Degree:_________________________

For which branch of the Health Care Professions are you preparing?____________

_____________________________________________________________________

COUNSELOR OR DEAN’S REPORT ON APPLICANT

for the

Honey Lake Hospice Scholarship

In Memory of Marge Dunlavy

Name of Applicant__________________________________________________________

How long has the applicant been a student in your school?____________________

Is this student dependable?

Outstanding ( )       Average ( )       Fair ( )

Does he or she accept responsibility?

Outstanding ( )       Average ( )       Fair ( )

Has she or he maintained a sincere interest in his/her studies while at your school?

Outstanding ( )       Average ( )       Fair ( )

Do you recommend this applicant for a scholarship?

Highly ( )       Good degree of confidence ( )       With some doubt ( )

Comments:____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Title_________________________ Signature_________________________ Date_________
PRIVACY POLICY for HONEY LAKE HOSPICE

Only those applying for the Scholarship will be providing information to Honey Lake Hospice. The information in the Scholarship Application Packet is sent via U.S. mail. It will be shared only with the Scholarship evaluators, a committee formed each year at the request of the Board of Directors.

Once the Scholarship has been awarded, all but one of the applications will be destroyed. The application of the Scholarship winner will be kept for future reference. The name, educational plans and town of residence, along with appropriate quotes from the applicant's essays, may be shared with local news outlets.

Any information kept will be stored in the hospice files and be accessible only by the management, secretarial support and Board of Directors of Honey Lake Hospice, all of whom are volunteers who sign a non-disclosure agreement.