

SACOPEE VALLEY HEALTH CENTER

70 Main St. Porter, ME 04068

Phone (207) 625-8126 • Fax (207) 625-7820 • www.svhc.org
Sacopee Valley Health Center is an Equal Opportunity Organization.

Scholarship Application

Please complete & return to Sacopee Valley Health Center: Attention Scholarship Committee

Name: _____ E-mail: _____

Home Physical Address (not a PO Box): _____

(Street)

(Town) (Please review which towns are eligible)

(State)

(Zip Code)

Phone: (Home) _____ (Cell) _____

High School: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

I've been accepted to and plan to attend _____ for a 2__
4__ year program. Majoring in _____.

The cost per year: _____

Expected gap between the cost per year and what your family can contribute: _____

- (1) Have you been involved in a community/school service project, activity, program and/or initiative? Please list them, the length of time involved in each one and describe what you have learned from these experiences: (for additional space, use back)

- (2) If you have volunteered in a health-related school or community activity and/or worked/volunteered in a health-related facility, please describe your responsibilities and what you have learned from the experience: (for additional space, use back)

- (3) Statement of Purpose: At least 100 words typed – “Why are you interested in pursuing a health-related career?” (for additional space, use back)

**Deadline: Completed application & other required documents
must be received by April 1st or postmarked on April 1st
(See Below for more details)**

Sacopee Valley Health Center Scholarship

Sacopee Valley Health Center will award a scholarship to a senior accepted at an accredited post-secondary institution and planning to major in a health-related field.

\$500.00 will be awarded to a senior at Sacopee Valley High School and \$500.00 to a senior residing in the Health Center's catchment area and attending another high school.*

In addition to the completed application, a copy of the following must be included:

- A copy of the 1st page of the FAFSA (EFC - Expected Family Contribution)
- **Your high school transcript**
- **Your grades @ the end of the 2nd quarter of your senior year verifying you have a B average**
- **Your acceptance letter**
- **The university's/college's financial aid package offered to you**
- **A letter of recommendation from two of your teachers not your Guidance Counselor**

The \$500 will be forwarded to the college/university Finance Office once a transcript is received by the Health Center's Financial Office which confirms the recipient's successful completion of the 1st semester/quarter and satisfactory academic results.

**Maine Towns: Baldwin, Brownfield, Cornish, Hiram, Limerick, Limington, Newfield, Parsonsfield, Porter, Fryeburg, Denmark, Bridgton and Steep Falls*

**New Hampshire Towns: Effingham, Freedom, Ossipee and Center Ossipee*