

Bozeman Health Deaconess Hospital  
Junior Volunteer Scholarship Application

To be eligible for the scholarship selection process you must have served a minimum of 100 hours at Bozeman Health. The recipient may be rewarded financial assistance up to \$1,000 upon the discretion of the scholarship committee. The completed application with required documentation should be typed and sent to Manager of Volunteer Services, Vickie Bailey, 915 Highland Blvd. Bozeman, MT 59715 by May 1, 2020. Late applications will not be considered.

Please provide one letter of recommendation from any Bozeman Health personnel. It may be from one of the departments that you assisted in, the nursing staff, or a special project manager. This should accompany your application. The recommendation may not be from a family member or Caleb Nelson.

On a separate sheet please answer the following questions about your volunteer experience at Bozeman Health.

1. Describe how your experience at Bozeman Health as affected your life.
2. What extra-curricular activities did you participate in your high school years?
3. What other organizations have you volunteered for or assisted at?
4. You performed many tasks and helped in many departments. Describe your most meaningful experiences with these opportunities.
5. Choose two (2) days from your journal and reflect upon your experiences on those particular days.

Provide the following to be considered for the scholarship:

\*Signed application form

\*Volunteer questions

\*Letter of recommendation

Name \_\_\_\_\_ HighSchool \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date your service began \_\_\_\_\_ Volunteer hours to date \_\_\_\_\_

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