



**CHI St. Alexius
Health**

CHI ST. ALEXIUS HEALTH TEEN VOLUNTEER SCHOLARSHIP REQUIREMENTS:

- Return completed application
- (2) - Reference letters from adults (not family members) who know you
- A brief summary of your participation in activities at school and in your community (You may attach a resume and/or list of high school activities)
- A brief summary of your long-term plans and Career goals
- A short essay on why you think you should receive this scholarship (250 words)
- Describe what your experience as a CHI St. Alexius Health teen volunteer has meant to you (500 "words")
- Complete a minimum of 50 hours of volunteering in the CHI St. Alexius Gift Shop



CHI ST. ALEXIUS HEALTH AUXILIARY TEEN VOLUNTEER SCHOLARSHIP APPLICATION

(Please print or type)

Applicant's Name _____ Email Address: _____

Address: _____ Parent/Guardian Phone: _____

_____ Cell Phone: _____

High School: _____ School Phone: _____

Address of High School: _____

GPA: _____ Graduation Date: _____

College, University, Trade School, or Continuing Education Applicant is entering:

Address: _____ Phone: _____

Area(s) of Study: _____

Applicant's Signature: _____ Date: _____

Parents/Guardians' Name(s): _____

Parents /Guardians' Signature: _____ Date: _____

**** The amount of the scholarship is \$500.00****

Completed application and attachments must be received in the CHI St. Alexius Health Volunteer Office by 8:00AM on March 15, 2024

Submit to: Tanya Olheiser, Volunteer Coordinator – CHI St. Alexius, 900 East Broadway Ave, Bismarck, ND 58506-5510.